

## MEDICAL INFORMATION REQUEST FORM (MIRF)

Dear Regulated Health Professional,

You have been asked to complete this form by a student who wishes to register with the Accessibility Centre (AC) at Lambton College. The AC provides academic accommodations and educational support services for Lambton College students with documented disabilities. Our goal is to provide necessary academic accommodations to equalize the opportunity for students to access curriculum and meet essential course/program requirements while maintaining academic integrity. This service is provided in accordance with the *Canadian Charter of Human Rights & Freedoms*, the Ontario Human Rights Commission's *Policy on Accessible Education for Students with Disabilities* (2018) and *Guidelines on Accessible Education* (2004), the *Ontario Human Rights Code*, and Lambton College Policy 2000-9-1.

The purpose of this form is to provide a consistent approach for Regulated Health Professionals to document the functional limitations that a student with a disability may experience. **Your detailed knowledge of this student's disability, including a description of the current functional impairments that may impact his/her ability to meet essential course/program requirements, will help the AC determine appropriate academic accommodations for this student.** Information provided should clearly relate to accommodation planning for studies, assignments, research, and assessments at the post-secondary level.

This form can be used by students with **Permanent** or **Temporary** mental health/medical disability with symptoms that are continuous or episodic, or those in the process of being assessed for a disability. Students who are in the process of being assessed for a mental health/medical disability may be eligible for *Interim Academic Accommodation* support.

Under Ontario's *Human Rights Code*, it is not a requirement to specify the **diagnosis** in this form in order to access academic accommodation at Lambton College. In these instances, the functional limitations of the disability must be thoroughly described. Students are asked to indicate if they provide consent to release diagnosis on page 2 of this document. There may be some instances where a diagnosis is required to establish eligibility for specific student supports (for example, Ministry funding).

The information provided on this form is an essential part of the criteria to assess and implement accommodations in order to reduce/eliminate barriers accessibility students may face in achieving program learning outcomes. It may also be used to determine eligibility for government grants/ bursaries. Information on this form is kept confidential and does not impact admission decisions.

Thank you for your support of our student.

Accessibility Centre, Lambton College

Fax: 866-622-9589

Tel: 519-479-2333

Email: [ac@lambtoncollege.ca](mailto:ac@lambtoncollege.ca)

Mail: 1457 London Road, Sarnia, ON N7S 6K4

**Note: Students with Learning Disabilities**

*This form is not to be used for information about a learning disability. In order to receive accommodations for a learning disability, please submit a copy of your most recent psycho-educational assessment.*

**SECTION A: To be completed by Student**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Student Number: CO \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note:**

While documentation confirming a disability is required to access accommodations and Ministry funding opportunities for qualifying student with disabilities, as per the Ontario Human Rights Code, disclosure of a specific diagnosis for health conditions is not a requirement to access academic accommodations and services from the AC. In these instances, detailed information on the functional limitation(s) of the disability is required for accommodation to be implemented.

**Student consent to release of information pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)**

I, \_\_\_\_\_, authorize my health care professional to complete the details of this form regarding my disability and to provide the following information to Accessibility Centre at Lambton College:

Check one:

- I give consent for a diagnosis to be provided
- I do not give consent for a diagnosis to be provided (consent to information on functional limitations only)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**SECTION B: To be completed by Regulated Health Professional**

The following criteria must be met when determining a disability.

1. The student experiences functional limitation(s)
2. The functional limitation(s) impair(s) the student's academic functioning at the post-secondary level

**Please select the appropriate option:**

- This student has a **permanent** disability with symptoms that are continuous or episodic
- This student has a **temporary** disability with symptoms that are continuous or episodic  
Interim academic accommodations to be provided until date\*: \_\_\_\_\_
- This student is being **monitored** to determine a diagnosis  
Interim academic accommodations to be provided until date\*: \_\_\_\_\_

*\*For Student: Updated documentation is required after this date*

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**This student has been under your care for:**

- Less than 1 year     
  1 – 5 years     
  More than 5 years     
  First Visit

**Diagnosed Permanent Disability (ies): \*Disclosure of specific DSM diagnosis is voluntary - verify on p.2.**

*If consent to provide a diagnosis has been provided, please check all that apply and comment if required:*

- Acquired Brain Injury \_\_\_\_\_
- ADD/ ADHD \_\_\_\_\_
- Autism Spectrum Disorder \_\_\_\_\_
- Blind/ Low Vision \_\_\_\_\_
- Chronic Medical (e.g. Diabetes, Migraine, Epilepsy, etc.) \_\_\_\_\_
- Deaf/ Hard of Hearing \_\_\_\_\_
- Specific Learning Disorder \_\_\_\_\_
- Intellectual Disability \_\_\_\_\_
- Mobility (CP, MS, Herniated Disc, Arthritis) \_\_\_\_\_
- Mental Health \_\_\_\_\_
- Other \_\_\_\_\_

**Has the student been prescribed medication(s) that may impact academic functioning?**

- Yes     No    If Yes, please describe:

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**Functional Limitations of Disability: Check/complete boxes below to indicate impact on academics.**

Skills/Abilities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Not Assessed
<b>COGNITION</b>					
Communication (reading, writing, listening, speaking, non-verbal)					
Judgement (anticipating impact of one's behaviour on self/others)					
Attention / Concentration					
Long-term Memory					
Short-term Memory					
Executive Functioning (behavioural inhibition, shifting focus, emotional control, self-monitoring, initiating tasks, working memory, planning & organizing, task monitoring)					
Information Processing (verbal or written)					
Managing distractions (filter out stimuli)					
<b>PHYSICAL</b>					
Mobility					
Gross motor					
Fine motor					

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Skills/Abilities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Not Assessed
<b>PHYSICAL</b>					
Lifting					
Ability to sit for a sustained period of time					
Ability to stand for a sustained period of time					
Fatigue					
Chronic pain					
<b>SENSORY</b>					
Vision (with correction): Describe below					
Hearing (with correction): Describe below					
Speech: Describe below					
<b>SOCIAL / EMOTIONAL</b>					
Ability to read social cues					
Ability to respond to change effectively					
Effective emotional regulation in class					
Effective emotional regulation during evaluations					
Effectively manage demands of academic life					
Participate appropriately in class and group work					
Ability to perform class presentations					
<b>OTHER: (Please describe)</b>					

Please provide any additional comments or elaboration regarding functional limitations:

Do you consider the student capable of:  
 Sustaining a typical level of academic participation in their program?  Yes  No If No, please comment:

Participating in a work/field placement?  Yes  No  If No, please comment:

Participating in a work/field placement with vulnerable populations?  Yes  No  If No, please comment:

Maintaining a full-time course load?  Yes  No If No, please comment:

**Do you consider the student capable of wearing a mask or face covering that covers the nose, mouth, and chin during school activities on campus (attending labs, classes, etc)?**

Yes  No If No, please comment:

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**SECTION C: Certification of Regulated Health Professional - PLEASE PRINT**

I, \_\_\_\_\_, am a legally qualified health care professional and this report contains my findings and considered opinion at this time, within my scope of practice.

Signature: \_\_\_\_\_ Licence/Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Medical Office Stamp:**

**Health Care Profession:**

- Physician
- Psychiatrist
- Psychologist / Psychological Associate
- Physician: Specialization \_\_\_\_\_
- Nurse Practitioner
- Audiologist
- Optometrist
- Chiropractor
- Other RHP: \_\_\_\_\_

**Send completed forms to:**

c/o Accessibility Centre, Lambton

College **By Fax:** 866-622-9589

OR

**By Digital Upload:** Link available for students to upload documentation through [www.mylambton.ca](http://www.mylambton.ca)

**Students:** Request upload link and details by emailing: [ac@lambtoncollege.ca](mailto:ac@lambtoncollege.ca)

PLEASE DO NOT MAIL DOCUMENTATION AT THIS TIME