



MEDICAL STATEMENT FORM

THE COMPLETED MEDICAL STATEMENT FORM AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE OFFICE OF THE REGISTRAR WITHIN 30-DAYS OF THE STUDENT'S LAST ATTENDED CLASS.

A completed Medical Statement Form is mandatory when requesting a pro-rated tuition refund for Course and Program Withdrawals resulting from incapacitating illness. This statement serves as supporting documentation required to evaluate eligibility for a refund.

Please note: any costs associated or incurred when completing this form are the responsibility of the student.

PLEASE PRINT CLEARLY (* Mandatory Fields)

* LAST NAME	* FIRST NAME	* STUDENT ID NUMBER	
* ADDRESS	* CITY	* PROVINCE	* POSTAL CODE
* (AREA CODE) HOME TELEPHONE	* (AREA CODE) CELL PHONE	* EMAIL ADDRESS	

The response will be sent to the student's address and/or email. It is the student's responsibility to ensure their contact information is kept up-to-date through their myNAIT Portal.

Medical Statement packages must include the following; incomplete packages will not be accepted:

- ☐ Part A of Medical Statement Form completed
- ☐ Part B of Medical Statement Form completed
- ☐ Documentation that the student has withdrawn from class(es). If not, the student must complete a [Course Withdrawal Form](#) or [Program Withdrawal Form](#).

How to Submit

1. Complete a Course Withdrawal Form signed by the Program Area
2. Complete all three pages of the Medical Statement Form
3. Submit all relevant documentation by the deadline to the Office of the Registrar. Forms can be submitted:
 - Scan a copy of your completed, signed form and use the [Contact Form](#). Select the "Submitting a Form" dropdown menu and the appropriate subcategory to upload the form.
 - In person at the Student Service Centre, or
 - Turned in directly to your Program Area

Student's Signature: _____ Date: _____

Part A: To be Completed by Student

Please Print Clearly—All Fields are Mandatory

PLEASE PRINT CLEARLY (* Mandatory Fields)

* LAST NAME	* FIRST NAME	* STUDENT ID NUMBER	
* ADDRESS	* CITY	* PROVINCE	* POSTAL CODE
* PROGRAM NAME	* (AREA CODE) PHONE NUMBER	* EMAIL ADDRESS	

COURSE NAME/NUMBER	DATES MISSED

Student's Statement

I certify that I was unable to attend the above-listed course(s) on the date(s) indicated for term work, term test(s), or examination(s) due to medical reasons. I consent to my physician releasing the health information relative to this specific request to NAIT for special consideration.

Student's Signature	Date
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Part B: To be Completed by Attending Physician

Medical Withdrawal

☐ I certify that this student has been under my care for medical reasons which have or will significantly inhibit their ability to successfully complete the course(s) noted in Part A.

The student has been unable to attend classes for medical reasons since _____
Date

PLEASE PRINT CLEARLY (* Mandatory Fields)

* NAME OF ATTENDING PHYSICIAN (Please print)			* (AREA CODE) PHONE NUMBER
ADDRESS	CITY	PROVINCE	POSTAL CODE
* PHYSICIAN'S SIGNATURE			DATE
<u>OR</u> Attach Attending Physician's stamp/business card			

Collection and Use of Personal Information: The personal information on this form is being collected under the mandate of the Post-Secondary Learning Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta), and is needed to process your Program/Course Withdrawal for Medical Reasons. It will be used to determine your refund eligibility. This information is protected under the provisions of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, contact the Office of the Registrar at 780.471.6248 or toll-free at 1.877.333.6248