

Healthcare/Mental Healthcare Provider Approval Form



Name:

Student ID:

Program:

Reason for Absence:

Intended Commencement Term:

Fitness for Study Policy: Students in the Faculty of Education who have experienced an interruption or disruption in their studies and/or fieldwork due to reasons of physical or mental health must provide a completed 'Healthcare/Mental Healthcare Provider Approval' form, signed by their Healthcare/Mental Healthcare Provider, indicating that they are capable of pursuing full (or, in some cases, part-time studies). Where appropriate, this may include fieldwork (see below).

For questions about the scope or demands of the program, or, for questions about this policy, please e-mail isa.education@mcgill.ca or call 514-398-7042.

TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Name:

Title:

License/Permit no. (where applicable):

Organization:

Address:

Telephone:

Declaration of Healthcare/Mental Healthcare Provider:

By signing below, I confirm that I have examined _____ on _____ and I agree that he/she is able to return to McGill University in the Faculty of Education to pursue full-time/part-time studies, as appropriate (please circle one).

If part-time studies are recommended, please include contextual comments below:



SPECIAL CONSIDERATIONS FOR STUDENTS IN BACHELOR OF EDUCATION PROGRAMS

I understand that the nature of fieldwork for students in Bachelor of Education programs requires that this individual be responsible for teaching and supervising children/adolescents of compulsory school age and I certify that this individual, based on my estimation, is reasonably fit for this task, physically and/or mentally.

As an example, in the case of challenges with mental health, some key indicators of wellness that that one would need to demonstrate would be:

- Sound organizational competencies (time management, etc.)
- Sustained emotional stability
- Sound social and interpersonal functionality

As an example, in the case of challenges with physical health, some key indicators that one may look for would be:

- Physical ability to stand, move, instruct and supervise for periods of up to and exceeding 8 hours
- Physical ability to interact with minor students under their care, for example, bending/crouching down, full range of motion of limbs, head/neck, and, in the case of Physical Education students, ability to actively participate in and demonstrate athletic activities
- Physically in control of personal faculties, or, under a medically approved and supervised regimen of treatment and/or control
- Freedom from communicable diseases/infections

Please include any additional contextual considerations/restrictions/comments below:

Signature: _____

Date: _____