CHARTERED PROFESSIONAL ACCOUNTANTS BRITISH COLUMBIA

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MEDICAL FORM

STUDENT: Please fill in the top portion of the form and ask your physician to complete the remainder.

Surname (*please print clearly)* | First and Middle names | Student ID #

PHYSICIAN TO COMPLETE THE FOLLOWING FOR THE ABOVE-NOTED CPABC STUDENT:

Does the student, in your professional opinion, suffer from an illness or condition that is sufficiently severe that it affects the student's ability to work and/or complete coursework? ☐ YES ☐ NO

When was the student first seen regarding this illness/condition? _____

Describe the impact of this illness/condition on the student's ability to work and/or complete coursework this calendar year:_____

If there is/was a period of time when the student is/was unable to work and/or complete coursework, please provide the range of dates (for each period)._____

Is the student able to work and/or complete coursework now? ☐ Yes ☐ No
If yes, can the student work and/or complete coursework: ☐ PT ☐ FT

Do you anticipate that the student's ability to work and/or complete coursework will be affected on a continuing basis, and if so, for how long?

Physician's Name – (please print clearly) | Physician's Signature | Date

Physician's Address | Physician's Telephone # | Registration #

Information on this form is used solely to determine eligiblity for an extension of time to complete the CPA certification program
All information is kept strictly confidential.