**Form for the specialist**

**In case of an incomplete certificate or to replace the certificate**

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| **Specialist’s Last name/First name** |       |
| **Medical speciality** |       |
| **Practice/Office Address** |       |
| **E-mail address** |       |
| **Telephone number (work)** |        |

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| **This document concerns the following student** | Name :      First Name :      Date of birth :       |

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| 1. **Diagnosis (according to ICF/CIM or DSM)?**
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|        |
| **Date** of diagnosis?       |

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| 1. **What are the functional limitations of the diagnosis for which an arrangement is being requested?**

**Please specify why an arrangement for following courses and/or taking exams is necessary?**  |
|        |

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| 1. **What is the likely progression of the health issue (permanent or potential evolution with treatment)?**
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|        |
| For **accidents** (fractures, sprains, etc...), this certificate is valid until :       |

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| 1. **Has any treatment been recently introduced, or is planned for the near future, that could modify the person’s current limitations?**
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|        |

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| 1. **Support measures recommended to improve study/exam performance**
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| **Courses**Is a special arrangement during courses recommended? [ ]  Yes [ ]  NoIf yes, please specify:      **Part-time studies (to be filled in only for the 1st year Bachelor program)**Is a part-time study arrangement recommended? [ ]  Yes [ ]  NoIf yes, please specify: * Rate :
* Duration:

**Exams****Additional time for exams** * Written : [ ]  20% (1/5) [ ]  33% (1/3) [ ]  other :       %
* Oral :
* Preparation [ ]  20% (1/5) [ ]  33% (1/3) [ ]  other :       %
* Response [ ]  20% (1/5) [ ]  33% (1/3) [ ]  other :       %

**Recovery of time spent on:** [ ]  **treatment,** [ ]  **a break,** [ ]  **eating/drinking** (e.g diabetes, migraine, malaise, etc.) up to a maximum of one third of the exam time. **Other recommended arrangement(s):** [ ]  Use of electronic tablet with keyboard, stylus and Notability software (word processor)☐ Wearing of noise-cancelling hearing protection (non-electronic device)[ ]  Other(s):        |

Date :

Signature of specialist (handwritten) + stamp :………………………………………………………………….