**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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| 1. **Support measures recommended to improve study/exam performance** |
| **Courses**  Is a special arrangement during courses recommended?  Yes  No  If 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  No  If 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 :………………………………………………………………….