NOVA SCOTIA
Labour and Advanced Education

Student Assistance Office
1256 Barrington Street
PO Box 2290 Central
Halifax NS
B3J 3C8

(902)424-8420
(902) 424-0540 Fax
1-800-565-8420 Toll free within Canada

Certification by a Physician of Pre-Study Illness or Injury

Patient's Name: ____

Patient's Address: ____

Patient's SIN ____

Attending Physician: ____
(Please print name)

Physician's Telephone: ____

Date of First Visit: ____ / ____ / ____
Day Month Year

Date of Last Visit: ____ / ____ / ____
Day Month Year

Diagnosis (please provide detail) :____

____

____

How does this prevent patient from working: ______________________________

____

____

Date patient became unavailable for work: ____ / ____ / ____
Day Month Year

Date patient will become unavailable for work: ____ / ____ / ____
Day Month Year

Date patient returned to work: ____ / ____ / ____
Day Month Year

If date unknown please explain why: ______________________________________

____

____

Physician's Signature: ____________________________ Date: ___ / _____ / ____
Day Month Year