



Canadian Performance Exam in Dental Hygiene Candidate Medical Certificate

Section A – To be completed by candidate

Candidate name [please print]:

Candidate ID:

I hereby authorize this physician/nurse practitioner to provide the following information to [insert name] and, if required, to supply additional information relating to my withdrawal from the examination on:

List date(s):

Candidate Signature

Date

Section B – To be completed by the Physician/Nurse Practitioner

I hereby certify that I provided health care services to _____ on the following recent date(s) _____

On the basis of that episode of care, I am providing the following information for use by [insert name] in assessing what special consideration, if any, should be given to this candidate in respect of his/her withdrawal from the examination.

1. Nature of the health problem (If the candidate has not authorized you to disclose the nature of a problem of a highly personal or sensitive nature, but has authorized disclosure of other pertinent information, please respond to questions 2–5 as fully as possible.):

2. Is this an acute or chronic problem for this candidate? _____

3. Date of onset of acute problem (or acute episode if problem is chronic): _____

4. Timeline of the problem and its treatment: _____

5. In your opinion, how did this problem and/or the treatment affect the candidate's ability to attend and take the examination date(s) listed in section A?

Section C – Verification by Physician/Nurse Practitioner

Name [please print]

Registration Number

Signature

Address

Telephone

Date

Please return completed original form to patient (candidate) and retain copy for the patient's chart.

Note: Any cost for completing this certificate must be paid by the patient (candidate).