Student Declaration of Absence Due to Illness or Injury

I hereby solemnly swear that my absence from ________________________________ class on the date(s) of _____________________________ was a direct result of my inability to attend due to personal illness or injury.

By signing below I, _____________________________, verify that the information above is true. I understand that a record of this declaration will be kept on file.

I acknowledge that this is not an exemption from any exams, papers, or projects that were missed during the time of my absence. The modification of academic obligations is the prerogative of the deans, directors and/or instructors, depending on the type of request.

Signed _____________________________ Date _____________________________

Student I.D. # _____________________________ Faculty/School _____________________________

Note to instructors: This document enables students to take responsibility for reporting their own absence due to illness and injury, thus alleviating problems that are associated with current practices around “sick notes”. In many situations of illness or injury, students do not require the care of a health or counselling professional.

Students are encouraged to contact their instructor immediately if they are ill and will miss class. Students are also encouraged to stay at home if they have a communicable illness (such as flu-like symptoms) that are manageable at home to prevent further spread of illness to other students, staff or faculty. Use of this form during the final exam period may not be appropriate—students are advised to communicate directly with their instructor if they are sick and unable to write final examinations.

If there is a pattern of ongoing illness that prevents regular classroom attendance it is recommended that the instructor refer the student directly to Health and Wellness or if they wish, provide support to the student by using the Early Alert website.

If you have questions, please contact Health & Wellness at 250-807-9270. Information about a student’s health is confidential and cannot be shared unless the student provides written consent to do so. If you have specific concerns about the use of this form, please contact Roger Wilson, Director, Health and Wellness at 250 807 9270,

Form revised January 2016.

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