

**U-Pass BC Program**  
**Medical Exemption Request Form**  
**Fall Semester 2021**



**Personal Information (To be completed by student)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Information:** U-Pass is a mandatory program that provides Douglas College students with unlimited access to Translink services in Metro Vancouver. Students with documented physical or psychological conditions preventing them from using transit are eligible for program exemption. **If you have submitted a medical exemption for a previous semester, please complete the top portion only. The deadline to submit the exemption form is Tuesday, September 21, 2021.**

**Medical Assessment (To be completed by a qualified medical assessor.)**

If your medical documentation is on file with the Disability Services Office and meets the exemption criteria, you may provide this form to the Manager, Disability Services for completion.

**Do you feel that the nature of this student's medical condition prevents him/her from using public transit?**

Yes  No

**How long will this student's condition prevent him/her from using public transit? (This question will determine the validity of this document for exemption for future semesters.)**

Less than 4 months  4 – 8 months  8 – 12 months  Indefinitely

**Notes:** \_\_\_\_\_  
**Assessor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|   |  |
|---|--|
| <b>Name of certifying medical assessor:</b> _____ | <b>Medical Office Stamp:(Required)</b> |
| <b>Registration/ Certificate#</b> _____           |  |
| <b>Student Services (Office Use Only)</b>         |  |
| <b>Maria Iaquina, Coordinator CSD</b>             |  |
| <b>Signature/ or Delegate</b> _____               |  |
| <b>Date:</b> _____                                |  |

|              |   |                          |                           |
|--------------|---|--------------------------|---------------------------|
| <b>Mail:</b> | Douglas, College, Finance Department<br>U-Pass BC Program, PO Box 2503<br>New Westminster, BC V3L 5B2 | <b>Scan and Emailed:</b> | upassbc@douglascollege.ca |
|              |   |                          |                           |

The information on this form is collected solely for the purpose of delivering the services of the U-Pass BC Program and to grant program exemption as requested. All documentation is kept in confidence in accordance with the Freedom of Information and Protection of Privacy Act.