

**U-Pass BC Program**  
**Medical Exemption Request Form**  
 Winter 2026

**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 Monday, January 19, 2026.*

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

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: \_\_\_\_\_

Name of certifying  
medical assessor: \_\_\_\_\_

Registration/ Certificate# \_\_\_\_\_

Medical Office Stamp: **(Required)**

**Scan and Email:** [upassbc@douglascollege.ca](mailto:upassbc@douglascollege.ca)