



## MEDICAL CONDITION – IMPAIRMENT RISK ASSESSMENT FORM

Student Name: \_\_\_\_\_

To be completed and signed by the appropriate physician and/or applicable health professional.

NOTE: This Student has been identified to be studying in a safety-sensitive program at NBCC. This means that a serious risk of physical harm to the Student, fellow students and/or the public exists if the Student operates in a state of impairment at NBCC. In order to ensure NBCC meets its legal duties, pursuant to the NB *Occupational Health & Safety Act* and the *Human Rights Act* (to be aware of any risk of harm and meet its duty to accommodate disability), more detailed information is required to verify any potential impairment(s) associated with the medical condition(s) prescribed to this Student.

A. Risk of Impairment:       No (complete Section C)                       Yes (complete Sections B & C)

### B. Impairment(s) Associated with the Medical Condition(s) for this Student:

Medication: \_\_\_\_\_

Please check appropriate boxes to indicate and describe nature of potential impairment. Numbers from 1 to 4 indicate the level of impairment (1 being minimal impairment to function and 4 being high impairment to function).

Impairment to Function	0	1	2	3	4	Comments / Details
1. Muscle Control						
2. Vision						
3. Hearing						
4. Speech						
5. Sleep (causing fatigue)						
6. Concentration						
7. Memory						
8. Performance of multiple tasks						
9. Other: _____						

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

### C. Health Professional’s Data

Print Name: \_\_\_\_\_

Professional Designation (e.g. Doctor / Pharmacist / Other): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact (for follow-up questions): Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Any document appearing in paper form is uncontrolled and must be compared to the electronic version.*