

Special Needs Office

Student Health Service University of Geneva Rue du Conseil-Général 10 1205 Genève

Medical Certificate for Accommodations Request (MCAR) at UNIGE

If you have a <u>disability, disorder, or chronic illness</u>, and your health condition significantly affects your ability to take exams under fair conditions compared to other students, you have the right to request accommodations to compensate for your disadvantages. The Special Needs Office at UNIGE evaluates each situation individually to determine if accommodations are justified and can be offered to mit-igate the disadvantages a student may face during exams. It is therefore essential that we receive rel-evant and complete information from your healthcare provider.

Please note that the form must be completed and signed by you and your healthcare provider.

Name, first name, and date of birth:			
Diagnosis according to recognized classification system (ICD-11 or DSM-5):			
Age of onset of disability/disorder/illness:			
Current symptoms:			

Describe the functional impact of the disability	y/disorder/illness on taking univer	sity exams:	
Have you previously benefited from accommodations? If yes, which ones:			
Presence of other associated disorders? If yes, which ones:			
We hereby confirm the accuracy of the information provided.			
Location, date	Signature healthcare provider	Signature student	

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