

**SENECA COLLEGE OF APPLIED ARTS & TECHNOLOGY  
FACULTY OF CONTINUING EDUCATION & TRAINING  
MEDICAL CERTIFICATE FOR AUTISM AND BEHAVIOURAL SCIENCE**

The purpose of the Autism and Behaviour Science Program is to prepare students in learning the latest strategies in working with children with Autism Spectrum Disorder, their families, clinical teams and other service providers.

The program requires students to participate in classroom and field experiences. Students will learn, observe and practice the ethical application of behavioural principles and techniques. This medical certificate is a pre-requisite for admission into the above program.

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Given Names

Social Insurance Number

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Address

Postal Code

Phone Number

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Physician's Name

Address

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City

Province

Postal Code

Phone Number

I, a legally qualified medical practitioner in the province of Ontario, have medically examined the above mentioned on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and certify

a) Freedom from communicable disease:

Tuberculin skin test:      Date: \_\_\_\_\_      Result: \_\_\_\_\_

or

Chest X-Ray                      Date: \_\_\_\_\_      Result: \_\_\_\_\_

Date of most recent booster: \_\_\_\_\_  
(Diphtheria, Tetanus & Polio) (due every 10 years)

Rubella status: MMR - Date of Immunization \_\_\_\_\_

or

Rubella - Date of Immunization: \_\_\_\_\_

or

Rubella Titre results: \_\_\_\_\_

b) General Physical Conditions (Doctor to attach additional sheet(s))

c) Present Health Conditions

d) Present Medications

I have completely examined \_\_\_\_\_ today, and find this individual to be capable of full participation in the Autism and Behavioural Science Program

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Physician's Signature

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Date