EXAM INCIDENT REPORT – ILLNESS/BEHAVIOURAL

To be used to report ALL instances of physical or mental health/behavioural illness, occurring during an exam.

Submit this report to your Departmental Office at the conclusion of the exam.

This form will be required by the Office of the Registrar as supporting documentation to properly adjudicate a petition to defer the affected exam.

DATE: ___________________   TIME: ___________________
LOCATION: ___________________
COURSE CODE: _____________   INSTRUCTOR: _______________
EXAM LENGTH: ______________

REPORT OF PRIMARY WITNESS (Please include ALL the following information):

OVERVIEW REPORT (Please complete all appropriate lines)

Student Name: _____________________________________________________________
Student #: ________________________________________________________________

Time illness/behavior first observed/reported by student: _________________________

Subsequent times observed/reported by student: ________________________________

Time student left the exam room: ____________________________________________

Page #/question student working on at time of leaving exam room: ________________

Student was notified of the following prior to leaving the exam room:

☐ They cannot return to the exam.

☐ They should seek medical attention within 24 hours of leaving the exam, and should obtain a medical certificate.

☐ They will need to petition to request to defer the final exam.
DETAILED REPORT
(Please provide as much detail as possible about the incident, observed behaviour of the student and any discussion with the student prior to their leaving the exam room).

Report Completed By (please print your full name): ________________________________
Signature: ____________________________  Position: □ Instructor □ Invigilator □ TA
Email: _______________________________  Your Cellphone #: ________________________

NAMES OF ANY OTHER INVIGILATORS WHO WITNESSED INCIDENT (please print)

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