



OKANAGAN INDIAN BAND

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Permanent Disability Form

Name _____

University/College _____

Date _____

Contact Number _____

Medical Condition/Disability Information	
Have you already provided medical documentation to the Education Department from your family doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Reason Why: _____
How does your disability /medical condition impact you in the following areas:	
<i>Lectures / Coursework</i>	
<i>Exams</i>	
APPROVALS	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> MORE INFORMATION REQUIRED	
DATE RECEIVED	DATE APPROVED
APPROVED BY	SIGNED