AbbVie IBD Scholarship Program
Brought to you by Crohn's and Colitis Canada

ABBVIE IBD SCHOLARSHIP PROOF OF DIAGNOSIS FORM 2018

This section to be completed by Scholarship Applicant

Applicant Name: ____

Health Care Provider Name: ____

Hospital or Clinic Name: ____

Street Address: ____

City: ____

Prov: ____________________________ Postal Code: ___________

Office telephone: ____________________________

Health Care Provider E-mail: ____

This section to be completed by Health Care Provider

Please provide a brief summary of the applicant's medical history as it relates to their diagnosis of inflammatory bowel disease.

I certify that this applicant is under my medical care and has been diagnosed with:

- Crohn's disease
- Ulcerative colitis
- Or another form of inflammatory bowel disease

Signature: ____ Date: ____/_____/_____

Credentials: ____

www.ibdscholarship.ca