

This form must be filled out by a physician. It concerns students who have completed or temporarily interrupted their studies and who are experiencing difficulty repaying the student loan debt they contracted under the Loans and Bursaries Program or the Loans Program for Part-Time Studies due to a health condition.

Before submitting this form to your physician, please read the "General Information" section carefully and then fill out Sections 1 and 4.

## Section 1 Patient Information

Last name		Permanent code assigned by the Ministère	
First name		Date of birth Y M D	Social insurance number
Number	Street	Direction (North, South, East, West)	
Apartment	Municipality		
Municipality (cont.)	Province	Postal code	Telephone number (home) Area code
Country	Other telephone number Area code		Extension

## Section 2 Physician's Diagnosis

Please provide the requested information (in block letters).

Is the person named in Section 1 able to carry out his or her normal activities (work or studies)? .....  Yes  No

If you answered NO, indicate:

- the type of disability:  Temporary  Permanent
- the extent of the disability:  Light  Moderate  Serious

• date when the disability began: ..... Y M D  
 • if the disability is temporary, date when the disability is expected to end: ..... Y M D

Diagnosis \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the person been hospitalized? .....  Yes  No

If yes, indicate when: from Y M D to Y M D

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

