Aide financière aux études
Québec

2010-2011 Medical Certificate — Major Functional Disabilities and Other Recognized Disabilities

1015 (1 of 2)

This form must be filled out by a general practitioner or medical specialist. It must then be sent to Aide financière aux études by the person with a major functional disability or another recognized disability who is filing an application under the Loans and Bursaries Program or the Allowance for Special Needs Program.

For students with a severe visual impairment, this form may be replaced by a copy of their CNIB card, an attestation issued by a low-vision centre or a document attesting to their blindness.

Note: This form **is not intended** for persons who are **temporarily** unable to pursue full-time studies due to a **serious episodic** disorder resulting from a major and permanent physical or mental health problem. To continue to be eligible under the Loans and Bursaries Program while pursuing part-time studies, such persons must obtain the *Medical Certificate Confirming a Serious Health Disorder* from the financial assistance office of their educational institution.

Before filling out this form, please read the *Useful Information* section on the following page.

Identification of Student

Last name

First name

Date of birth (Y M D)

Permanent code assigned by the Ministère

Recognition of a Disability

Major Functional Disabilities

What type of disability does the person have? (Please check the appropriate box)

☐ **Severe visual impairment**: visual acuity in each eye, after correction by means of appropriate ophthalmic lenses, excluding special optical systems and additions greater than 4.00 dioptres, is not more than 6/21, or the field of vision in each eye is less than 60 degrees in the 180-degree and 90-degree meridians and, in either case, the person is unable to read, write or move about in an unfamiliar environment.

☐ **Severe hearing impairment**: the ear having the greater hearing capability is affected by a hearing deficiency evaluated, according to 1992 Standard S3.21 of the American National Standard Institute, to be an average of at least 70 decibels, in aerial conduction, on any of the 500, 1 000 or 2 000 Hertzian frequencies. In that case, you must include an audiogram with this form.

☐ **Motor impairment**: Loss, malformation or abnormality in the skeletal, muscular or neurological systems responsible for body motion

☐ **Organic impairment**: Disorder or abnormality in the internal organs forming part of the cardiorespiratory, gastrointestinal or endocrine systems (this category includes disorders or abnormalities of the cardiovascular and respiratory systems, such as cystic fibrosis)

1 - What is the diagnosis? _____

_____

2 - Date of the diagnosis: ..... (Y M D)

3 - The disability is: ..... ☐ Temporary ☐ Permanent

4 - Can you confirm that the disability results in significant and persistent limitations in the person's ability to perform academic activities? ..... ☐ Yes ☐ No

Explain: _____

_____

_____

5 - Does this person's state make full-time studies impossible? ..... ☐ Yes ☐ No

Permanent code

Recognition of a Disability (cont.)

Other Recognized Disabilities

What type of disability does the person have? (Please check the appropriate box.)

☐ **Language or speech impairment**

☐ **Paralysis of a single limb**

☐ **Paresis of one or more limbs**

☐ **Hearing capability corresponding to a hearing threshold of 25 decibels (In that case, you must include an audiogram with this form.)**

1 - What is the diagnosis? _____

_____

2 - Date of the diagnosis: ..... Y M D

3 - The disability is: ..... ☐ Temporary ☐ Permanent

4 - Can you confirm that the disability results in significant and persistent limitations in the person's ability to perform academic activities? ..... ☐ Yes ☐ No

Explain: _____

_____

_____

Identification and Signature of General Practitioner or Medical Specialist

Last Name:

First Name:

Medical licence number:

Telephone:
Area code

Profession: _____

Office address: _____

_____

Signature **X** _____ Date Y M D

Useful Information

The person asking you to complete this form is applying for student financial assistance under the Loans and Bursaries Program or the Allowance for Special Needs program.

In the case of the Loans and Bursaries program, if this person is recognized as having a major functional disability, any financial assistance to which he or she is entitled will be paid in the form of a bursary, rather than a loan and a bursary as in most cases. This person will also be given the possibility of studying part-time, if his or her health condition so dictates, but will still qualify for the Loans and Bursaries Program.

In the case of the Allowance for Special Needs Program, students with major functional disabilities or any other recognized disabilities are entitled to financial assistance to cover the cost of specialized services, equipment or materials and adapted transportation services that compensate for the effects of their disability and that they must have in order to pursue their studies.

Given the financial implications of this medical certificate, it is important to complete all the items and give full, specific answers. Aide financière aux études, the student financial assistance agency, will thus be able to make a well-informed, fair decision regarding this student's case.