

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 Canadian national institute for the blind (CNIB) card, an attestation issued by a low-vision centre or a document attesting to their blindness.

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

**Section 1 – Identification of Student**

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Date of birth

Y M D  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Permanent code assigned by the Ministère

\_\_\_\_\_

**Section 2 – Recognition of a Disability**

The disability is:  Temporary  Permanent

Can you confirm that the disability result in significant and persistent limitations in the person's ability to perform academic activities?  Yes  No

Explain: \_\_\_\_\_

State the date on which these major persistent strictures began

Y M D  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Does this person's state make full time studies impossible?  Yes  No

**Which disability does this person have?**

(Check **one** answer for **each** of the eight disabilities listed on the medical certificate. By checking "Yes" to any of the eight disabilities listed below, you acknowledge that the student has a disability that leads to major persistent limitations in the pursuit of their studies, which, for the first four types of disability, qualifies them for full bursary financial assistance.)

**Major Functional Disabilities**

**Severe visual impairment**  Yes  No

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**  Yes  No

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**  Yes  No

Loss, malformation or abnormality in the skeletal, muscular or neurological systems responsible for body motion.

**Organic impairment**  Yes  No

Disorder or abnormality in the internal organs forming part of the cardiorespiratory, gastrointestinal or endocrine systems.

**Other Recognized Disabilities**

**Language or speech impairment**  Yes  No

**Paralysis of a single limb**  Yes  No

**Paresis of one or more limbs**  Yes  No

**Hearing capability corresponding to a hearing threshold of 25 decibels**  Yes  No

(In that case, you must include an audiogram with this form.)

Aide financière aux études reserves the right to verify the information you report.

