

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.

Please submit this fully-executed form by uploading it right into your online file.

**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).**

If the person is pursuing studies:  
 Is the person named in Section 1 able to carry out their normal activities with respect to their studies? .....  Yes  No

If the person is in the job market:  
 Is the person named in Section 1 able to carry out their normal activities with respect to their job? .....  Yes  No

If you answered “No” to one of the previous questions, indicate:

- the type of disability:  Temporary  Permanent
- 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

