

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).

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: _____

