

2025-2026 Medical Certificate — Student Permanent Disability Resulting In Significant And Persistent Impairment

1015 (1 of 3)

This form is used to certify that the student has a **permanent physical or mental disability resulting in a significant and persistent impairment which causes them to encounter major obstacles** in pursuing full-time studies or eventually entering the labour market. This form must be completed as part of an application under the **Loans and Bursaries Program** or the **Allowance for Special Needs Program**.

We invite you to transmit this duly-completed form to us by uploading it directly in your Student Financial Assistance File. You will find the submission procedure on our website.

Important informations

Loans and Bursaries Program

Sections 1, 2, 3 and 4 must be completed.

The student may benefit, depending on the case and under certain conditions, from the following accommodation measures:

- Receive financial assistance completely in the form of a bursary if the student encounter major obstacles in their eventual entry to the labour market full-time or part-time for the rest of their life due to their disability (Section 3A, question 2);
- Possibility of receiving financial assistance between two study periods, generally during the summer, if the student is not in studies or able to work to provide for their needs during this period due to their disability (Section 3A, question 1);
- Remain eligible for the Loans and Bursaries Program even if the student is in part-time studies because they are unable to pursue full-time studies due to their disability (Section 3B, questions 1 and 2).

Allowance for Special Needs Program

Sections 1, 2 and 4 must be completed.

The student may receive, depending on the case and under certain conditions, financial assistance for the specialized services, material resources, housing allowance and paratransit services they need to compensate for the effects of their disability in order to pursue their studies.

For other needs related to studies

The student must contact their educational institution (e.g. for more time to complete their exams, or to take them in a separate room).

Information for the physician or health care professional

Section 3 (Evaluation of the Impairment and Obstacles) may be completed by a physician or a professional within the meaning of the Professional Code (CQLR, c. C-26) who possesses the skills required to perform the requested evaluation.

For example, for the evaluation of mental functions, this could be a physician, a psychologist or even a nurse practitioner specialized in mental health. The evaluation of visual functions could be carried out by an optometrist.

Last name First name Date of birth Permanent code assigned by the Ministère

Section 2 – Recognition of a Disability	
This section must be completed by the physician.	
Diagnosis	
What is the diagnosis?	
The disability is:	
Identification of the physician	
Last name	Medical licence number
First name Telephone Area code	Fax Area code
Profession:	
Office address:	
Signature of the physician who completed Section 2 of the form	
I hereby declare that the information provided in this form is accurate and complete and that the person	n's status is as I witnessed it to be during the
clinical examination.	Date
Signature X	Y M D
Section 3 — Evaluation of the Impairment and Obstacles	
A significant impairment involves a certain degree of severity. It is considered significant when the per	rson is faced with major obstacles during their
routine activities, despite using the means to correct or alleviate the impairment (prosthesis or orthosis,	
can seriously impact their ability to pursue full-time studies or enter the job market. An obstacle signific completion of routine activities, even with the help of available adaptations and support.	antiy and persistently impedes the successful
For example, deaf or hard of hearing people could have recourse to a cochlear implant to correct their l	hearing impairment and hence reduce the
obstacles to overcome. Similarly, medication used to treat attention deficit disorder (ADD) helps counte encountered less significant.	r the impairment and makes the obstacles
A persistent impairment does not change over time. It is permanent and does not stem from an injury	or an illness whose effects will disappear as time
goes by.	or arranged whose cheeks will disappear as time
A – Entering the labour market	
Answer the following questions by taking the above definitions of a significant and persistent imp	pairment into account.
Can you confirm that, despite the means used to alleviate it, the impairment that this student has result cause them to encounter major obstacles in their eventual entry into the job market full-time or part-time.	
1. During summer or between two study periods? \square Yes \square No	
2. At the end of their studies?	
Details regarding obstacles related to entering into the labour market:	
Date Y	M D
Indicate the date on which these significant and persistent limitations began (required):	

Section 3 — Evaluation of the Impairment and Obstacles (cont.)		
B – Pursuing full-time studies		
Answer the following questions by taking the above definitions of a significant and persistent impairment	t into account.	
Can you confirm that, despite the means used to alleviate it, the impairment that this student has results in significant render them unable to pursue full-time studies:	ificant and persistent limitations that	
1. During the 2025-2026 school year?		
2. For the entirety of their studies?		
Details regarding obstacles related to poursuing full-time studies:		
Date Y M	D.	
Indicate the date on which these significant and persistent limitations began (required):	لنا	
Identification of the physician or professional		
Last name N	Medical licence number	
	CAX rea code	
Profession:		
Office address:		
Signature of the physician or professional who completed Section 3 of the form.		
I hereby declare that the information provided in this form is accurate and complete and that the person's status clinical examination.	s is as I witnessed it to be during the	
	Date Y M D	
Signature X		
Section 4 – Authorization of the student		
I hereby authorize the physician or the health care professional to provide the Ministère de l'Enseignement supé present or past state of my physical or mental health.	erieur with any information related to the	
	Date Y M D	
Signature X		
Electronic signatures are not accepted.		
Section 5 – Protection of personal information		
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By completing this form, you consent to Aide financière aux études collecting your personal information to process your application. Without this information, your application cannot be analyzed and you will not be able to obtain the financial assistance to which you are entitled. You can change your personal information directly in your file or by contacting us using the information listed on this form.