

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.

Section 1 Patient Information

Last name Permanent code assigned by the Ministère

First name Date of birth Social insurance number

Number Street Direction (North, South, East, West)

Apartment Municipality

Municipality (cont.) Province Postal code Telephone number (home)

Country Other telephone number

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:

• if the disability is temporary, date when the disability is expected to end:

Diagnosis

Has the person been hospitalized? Yes No

If yes, indicate when: from to

Comments:

Section 3 Identification and Signature

Please provide the requested information (in block letters).

Last name: _____ First name: _____

Physician licence number: _____ Telephone number: _____
Area code

Address of office: _____

Signature X _____
Date Y M D

Section 4 Authorization and Attestation

I authorize the physician named in Section 3, any other physician and any other accredited representative of a hospital or of any other organization involved to provide Aide financière aux études with all relevant information concerning the disability described in this form. I certify that the above information is accurate and complete.

Signature X _____
Date Y M D

Aide financière aux études reserves the right to verify the information you provide on this form.

General Information

If you have completed your studies and wish to inform Aide financière aux études that you are experiencing difficulty repaying your student loan debt due to a health condition, you must have this form filled out and signed by a physician. This medical certificate must be submitted with either the *Financial Statement* form or the *Application to Postpone the Repayment of a Student Loan Debt During a Temporary Interruption of studies*. Both forms can be downloaded from Aide financière aux études' Web site at <www.afe.gouv.qc.ca/english> or by calling our loan management department, the Direction de la gestion des prêts, at 1-866-615-5100 (toll-free in Québec).

Fees _____

You are responsible for paying the fee charged by the doctor for providing the medical certificate.

Students With a Major Functional Disability _____

A major functional disability is defined as a permanent functional impairment that limits the person's ability to pursue his or her studies, and it must be diagnosed by a health professional. If you are pursuing studies and wish to inform Aide financière aux études that you have a major functional disability, you must use the form *Medical Certificate - Major Functional Disabilities and Other Recognized Disabilities*, which is available at the financial assistance office of secondary-, college- and university-level educational institutions and on Aide financière aux études' Web site at <www.afe.gouv.qc.ca/english>.