

**Instructions for Completing
MEDICAL ASSESSMENT FORM
For Students with Permanent Disabilities**

This form must be completed by a qualified medical assessor in order to verify the applicant's permanent disability and to determine eligibility for disability related financial grants and training goods and services while attending post-secondary education.

“Permanent Disability” means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary level or the labour force, and that impairment is expected to remain with the person for the person's expected natural life.

APPLICANT

- Complete Section A and Section B on page 2.
- Have the sections relating to your disability completed by the appropriate qualified medical assessor. *For example, if you are visually impaired, your form should be completed by an Ophthalmologist or Optometrist. If you have a hearing impairment, your form should be completed by an Audiologist.* Your limitations and barriers to your program of study must be clearly identified.
- If you previously did not meet the disability criteria, were refused either because there was insufficient information provided to support your application, or your disability was not identified as permanent, or your documentation was not current, you must provide additional or current information from your medical assessor that clearly outlines the limitations and barriers that your disability will present while participating in studies at a post-secondary institution. Any previous medical documentation sent to our office is on file.
- Submit the completed form and any other supporting documentation to Student Financial Services.
- A separate application must be submitted if you are requesting equipment or services.

EXCEPTION FOR STUDENTS WITH LEARNING DISABILITIES

Students applying for Canada Student Loans Program permanent disability supports on the basis of a learning disability diagnosis are not required to complete the *Medical Assessment Form*. Instead they must submit a psychoeducational assessment, completed by a registered psychologist, that is no more than five years old (or completed when the student was 18 years of age or older).

MEDICAL ASSESSOR

This *Medical Assessment Form* will be used as one of the criteria to determine this student's eligibility to receive Canada Student Grant funding. Please ensure the diagnosis represents this student's permanent disability and lists the disability-related educational barrier(s).

- Please complete the appropriate section(s) pertaining to the permanent disability diagnosis.
- All medical assessors must complete all parts of Section J on pages 5 and 6, clearly describing the disability-related educational barriers and recommended interventions.

IMPORTANT INFORMATION

Your student loan application will not be processed until all documentation has been received. Any costs associated with the completion of this form are the applicant's responsibility.

All information must be received no later than six weeks before your period of study ends. Funds cannot be released after your period of study end date.



SECTION A PERSONAL INFORMATION
To be completed by the Student

Social Insurance Number

Date of Birth

YYYY	MM	DD

First Name _____ Last Name _____ Middle Initial _____

Address

Civic (Street) Address or PO Box Apt. No. City/Town

 Province/Territory Country Postal Code Tel. Number () _____

Name of Post-Secondary Educational Institution _____

Name of Program _____ You are in year ____ of a ____ program

- Please check appropriate box
- This is my first time applying as a student with a permanent disability.
 - I am appealing the previous decision of my disability status and I have provided the required information.

SECTION B STUDENT'S DECLARATION OF LIMITATIONS AND RESTRICTIONS
To be completed by the Student

Please explain how you will be restricted and/or experience a barrier in your ability to perform the daily activities to participate in studies at the post-secondary level or in the labour force.

**Take this complete form to the appropriate medical assessor for completion and submission.
 Keep a copy of the completed form for your records.**

MEDICAL ASSESSMENT FORM

For Students with Permanent Disabilities

IMPORTANT INFORMATION FOR MEDICAL ASSESSOR

Student Financial Services will use this *Medical Assessment Form* for Students with Permanent Disabilities as one of the criteria to determine this student's eligibility to receive federal grant funding and/or provision of disability training related goods and services. Please ensure the diagnosis represents this student's permanent disability and lists the disability-related educational barrier(s). Where applicable, indicate if the student's disability necessitates a reduced course load (less than 60% of a full course load), even with the recommended supports.

"Permanent Disability" means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary level or the labour force, and that impairment is expected to remain with the person for the person's expected natural life.

PLEASE COMPLETE THE APPROPRIATE SECTION THAT PERTAINS TO THE STUDENT'S DISABILITY.

Note: Section J on pages 5 and 6 must be completed by the medical assessor for all applicants.

Completed forms are to be mailed to: Student Financial Services
Department of Post-Secondary Education, Training and Labour
PO Box 6000, 440 King St.
Fredericton, NB E3B 5H1

Print first and last name of the student being diagnosed.

First Name _____ Last Name _____

SECTION C PHYSICAL DISABILITY *To be completed by a Physician*

Examples: arthritis, spinal cord injury, spina bifida, Crohn's disease, back injury, etc.

Primary Diagnosis:

Please complete Section J on pages 5 and 6.

SECTION D HEARING IMPAIRMENT *To be completed by a Certified Audiologist*

I certify this client to be hearing impaired according to the following criteria. Indicate appropriate description.

Level of hearing loss in the better ear. Indicate appropriate descriptions.

Part A Mild Moderate Profound Severe

Part B Hearing loss interferes with student's learning
 Uses hearing aids
 Would benefit from amplification devices in an educational/vocational setting

Attach a copy of a recent Audiogram. Please complete Section J on pages 5 and 6.

SECTION E VISUAL IMPAIRMENT
To be completed by an Ophthalmologist or Optometrist

I certify this client to be visually impaired according to the following criteria. Indicate appropriate description.

- A visual acuity of 6/21 (20/70) or less in the better eye after correction
- A visual field of 20 degrees or less
- Any progressive eye disease with a prognosis of becoming one of the above within the next two years
- Near point vision for print reading of _____

Diagnosis:

Please complete Section J on pages 5 and 6.

SECTION F NEUROLOGICAL DISABILITY
To be completed by a Neurologist, Psychiatrist or Physician

Examples: cerebral palsy, epilepsy, multiple sclerosis, brain tumour, stroke, head injury

Primary Diagnosis:

Medication and side effects, if applicable:

Please complete Section J on pages 5 and 6.

SECTION G ADD / ADHD
To be completed by a qualified Physician or Psychologist

I certify this client to be ADD / ADHD according to the following criteria. Indicate appropriate description.

Diagnosis according to DSM-IV criteria and background history is (please provide details in Section J):

- ADHD Inattentive Type
- ADHD Impulsive-Hyperactive Type
- ADHD Combined Type

Medication and side effects, if applicable:

Attach a copy of a current Psycho-Educational Assessment.

Please complete Section J on pages 5 and 6.

SECTION H PSYCHIATRIC DISABILITY

To be completed by a Clinical Psychologist, Psychiatrist or Physician

Example: Mental Health Consumer

Primary Diagnosis according to DSM-V criteria

Medication and side effects, if applicable:

Please complete Section J on pages 5 and 6.

SECTION I OTHER DIAGNOSED DISABILITIES

To be completed by the appropriate medical assessor

Examples: Developmental Disability, Cognitive/Intellectual, Autism Spectrum Disorder

Primary Diagnosis:

I certify this applicant to have _____ based on the following

Psycho-Educational Assessment – attach a copy

Medical Assessment

Other – please specify _____

Please complete Section J on pages 5 and 6.

SECTION J ALL MEDICAL ASSESSORS MUST COMPLETE ALL PARTS OF THIS SECTION ABOUT THE APPLICANT

Part A Disability Determinants

Print first and last name of the student being diagnosed.

First Name _____ Last Name _____

Is this student a regular patient of yours? Yes No

If yes, how frequently have you met with this individual in the past two years? _____

Primary Disability Diagnosis:

Is the disability permanent? Yes No

Is the disability Mild Moderate Severe Very Severe

Secondary Disability Diagnosis, if applicable:

Is the disability permanent? Yes No

Is the disability Mild Moderate Severe Very Severe

Medication and side effects, if applicable:

Part B Functional Limitations (please print clearly)

“Permanent Disability” means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary level or the labour force, and that impairment is expected to remain with the person for the person’s expected natural life.

In the space below, please identify and describe in detail what functional limitation(s) result in a restriction and/or barrier(s) that limit the ability of the student to perform the daily activities necessary to participate fully in post-secondary studies or the labour force.

Attach additional sheet, if necessary.

SECTION J con't.

Part C Medical Assessor Information

I certify that the information provided on this form is accurate and the student identified in this assessment experiences the disability-related educational barriers indicated.

Name of certifying Medical Assessor (please print) _____

Address

Civic (Street) Address or PO Box

Apt. No.

City/Town

Tel. Number () _____

Province/Territory

Country

Postal Code

Signature (must be signed in ink) _____

Date _____
 YYYY MM DD

Registration I.D. _____

Please forward all pages of this form to the address below.

Student Financial Services
Department of Post-Secondary Education, Training and Labour
P.O. Box 6000, 440 King St.
Fredericton, NB E3B 5H1

It would also be beneficial for the applicant to have a copy of the completed form for their records.