



Severe Permanent Disability Benefit Medical Report

Information for the Physician or Nurse Practitioner

You are requested to provide medical information about your patient, who has submitted an application for the Severe Permanent Disability Benefit (SPDB). If they are found eligible for the benefit, their obligation to repay their Canada Student Loans, any applicable provincial student loans, and/or their Canada Apprentice Loan (CAL) will be cancelled.

Medical Eligibility

The Canada Student Financial Assistance Program (CSFA Program) and any applicable provincial student loans program require the applicant to obtain a licensed physician or nurse practitioner's assessment of whether they have a "severe permanent disability", which is defined as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — that prevents a person from performing the daily activities necessary to participate in the labour force in a manner that is substantially gainful, as defined in section 68.1 of the Canada Pension Plan Regulations, and is expected to remain with the person for their expected life.

For the purposes of the CSFA Program, "**substantially gainful**" describes an occupation that provides a salary or wages equal to or greater than the maximum annual amount a person could receive as a disability pension.

For the purposes of Ontario Student Loans and/or Ontario Micro-credential Student Loans only:

You may be eligible for the SPDB for your Ontario student loans if all the following apply:

- you have a severe permanent disability—meaning any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation—that is so severe that it **prevents** you from:
 - **pursuing studies** at a postsecondary school level **for the rest of your life**; and
 - **participating in the labour force for the rest of your life**.
- you reside in Canada

Note that these definitions differ from those for other disability benefits that may base a person's eligibility on their inability to return to their former job or to work on a regular basis. As such, eligibility for a particular benefit does not necessarily equate to eligibility for the SPDB.

Medical Information

The medical information you provide is critical to the adjudication decision. We require a clear and comprehensive medical assessment of your patient's disabling condition(s), together with information on any impairment(s) or functional limitation(s) that will prevent them from participating in the labour force for the remainder of their life.

Submitting the Medical Report

The *SPDB Application* and the *SPDB Medical Report* must be completed, signed, and dated within the last 12 months. Only the **original SPDB Medical Report** will be assessed. You may provide the *SPDB Medical Report* and any supporting documentation to your patient or mail it directly to the CSFA Program at the following address:

**Canada Student Financial Assistance Program
PO Box 2090, Station D
Ottawa, ON K1P 6C6**

If you mail the SPDB Medical Report directly to the CSFA Program, please advise your patient.

Please do not fax or email the SPDB Medical Report.

Please keep a copy of the SPDB Medical Report for your patient's file.

Questions and Assistance

Do you have questions or need help completing this form?

Call the National Student Loans Service Centre toll-free: 1-888-815-4514

**TTY: 819-994-1218 (local)
1-866-667-8554 (toll free)**

Ask to speak to a representative of the Canada Student Financial Assistance Program.

The original version of the completed application must be submitted.

Severe Permanent Disability Benefit Medical Report

Important - Please read before completing this form

The personal information that is collected and used for administration of the CSFA Program and/or the CAL is authorized by the *Canada Student Financial Assistance Act* (CSFAA), the *Canada Student Loans Act* (CSLA), the *Apprentice Loans Act* (ALA), and the *Apprentice Loans Regulations* (ALR), and is administered in accordance with the *Privacy Act* and, **upon request, may be accessed by the applicant.**

The personal information that is collected and used for the administration of the Ontario Severe Permanent Disability Benefit, which is part of the Ontario Student Assistance Program (OSAP), is authorized under the *Ministry of Training, Colleges and Universities Act* and may be accessed by the applicant in accordance with the *Freedom of Information and Protection of Privacy Act*.

Please note that the patient is responsible for any fees incurred to complete this *SPDB Medical Report*.

All medical information (Sections B, C, D) must be completed by a licensed physician or nurse practitioner. Please write legibly.

Section A - Applicant (Patient) Information

Given Name	Family Name
Home Address (Number, Street, Apartment, Rural Route, PO Box)	City
Province/Territory	Postal Code (A1A 1A1)
Telephone Number	Date of Birth (YYYY-MM-DD)

Section B - Nature and History of the Severe Permanent Disability

To be completed by a licensed physician or nurse practitioner only.

Please be precise. Avoid using words such as possible, probably, likely, or unknown.

A "severe permanent disability" means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — that prevents a person from performing the daily activities necessary to participate in the labour force in a manner that is substantially gainful, as defined in section 68.1 of the *Canada Pension Plan Regulations*, and is expected to remain with the person for their expected life.

"Substantially gainful employment" is defined in 68.1 of the *Canada Pension Plan Regulations*. Specifically, it means work that provides an income greater than the maximum annual *Canada Pension Plan* (CPP) disability pension, which is updated annually.

1. Does the patient have a permanent disability? Yes No

2. How long has the applicant been your patient? Please indicate the number of months or years.

Not including this visit, when did you last see the patient?

How many times have you seen the patient in the last two years?

3. Does the patient's permanent disability result in functional limitations preventing participation in the labour force? Yes No

a) If yes, please describe these functional limitations and detail how they prevent employment:

b) Are the functional limitations expected to remain this severe for the rest of the patient's life? Yes No

Diagnosis

4. Primary Physical or Mental Diagnosis:

Date of Onset
(YYYY-MM-DD)

5. Secondary Physical and/or Mental Diagnosis (es):

Date of Onset
(YYYY-MM-DD)

6. Please detail any relevant medical and social history relating to this patient:

Section C - Treatments and Medications

To be completed by a licensed physician or nurse practitioner only.

Please provide pertinent details of all treatments and medications relevant to this application.

Treatments (ex. Psychotherapy, Physiotherapy, Chiropractic, etc.)

Patient's Treatments and Investigations	Frequency/Duration	Expected Outcome/Actual Response
Current:		
Past:		
Future planned:		

Medications

Patient's Medication(s)	Dosage and Frequency	Expected Outcome/Actual Response
Current:		
Past:		

7. Please provide a history of pertinent hospitalizations and/or associated hospital discharge summaries:

Empty space for providing a history of pertinent hospitalizations and/or associated hospital discharge summaries.

Section C - Treatments and Medications (cont'd)

8. Please identify and attach copies of relevant supporting documentation as applicable:

- Consultants' reports: Yes No
- Diagnostic reports: Yes No
- Hospital admission and discharge summaries: Yes No
- Other (please specify)

Section D - Prognosis

To be completed by a licensed physician or nurse practitioner only.

Please be precise. Avoid using words such as possible, probably, likely, or unknown.

9. Do you recommend that the patient not work? Yes, as of Date (YYYY-MM-DD): _____
 No

If yes, please explain:

a) How your patient's functional limitations prevent any participation in the workforce

b) Whether these functional limitations are expected to remain this severe for the remainder of their life

If no, do you recommend the patient work only in a limited capacity? Yes No

10. Strictly from a medical standpoint, do you expect the patient to work in any type of employment (with or without accommodation and supports) now or in the future?

Yes No

If yes, what type of work are they expected to be able to participate in?

- Usual work Different work, after retraining
- Modified work Other

Provide details:

Section D – Prognosis (con't)

And at which frequency could their disability allow?

- Full-time work
- Reduced hours (provide details, including how many hours a week you consider the patient ever being able to regularly work)

11. Strictly from a medical standpoint, do you expect the patient to ever have the capacity for retraining for the purpose of future employment (with or without accommodation and supports)?

- Yes No

If no, please explain:

a) How your patient's functional limitations prevent any participation in the workforce

b) Whether these functional limitations are expected to remain this severe for the remainder of their life

12. To help us evaluate the applicant's current and future capacity for employment, please add any other information you feel is relevant (e.g. planned investigations and/or specialist consultations, reason for uncertain prognosis, expected impact on activities, etc.)

For patients with Ontario Student Loans and/or Ontario Micro-credential Student Loans, please answer the following questions:

13. Based on current medical information and treatments available, in your opinion, will this patient **ever be able to participate in the labour force or pursue postsecondary education during the remainder of their life** given their severe permanent disability?

- Yes No

Please explain how the patient's impairment(s) or functional limitation(s) **permanently prevent** them from participating in or pursuing any of these activities in any capacity **for the remainder of their life**.

Section E - Identification and Signature

By signing below, you certify that the information you provide in this application is accurate and complete, to the best of your knowledge. You understand that it is an offence to make a false or misleading statement.

Licensed physician or nurse practitioner identification and signature.

Please print and use a stamp where indicated.

Licensed Physician or Nurse Practitioner's Full Name

Provincial/Territorial Licence Number

Address (please use stamp)

Type of Practice

- Physician - General Practice
- Nurse Practitioner
- Specialist (please state area of specialty)

Signature

Date (YYYY-MM-DD)

Telephone Number

Please remember to include relevant supporting documents, as applicable.

Section F – Privacy Notice Statement

The information you provide is collected under the authority of the *Canada Student Financial Assistance Act (CSFAA)* and *Regulations*, the *Canada Student Loans Act (CSLA)* and *Regulations (CSLR)*, and the *Apprentice Loans Act (ALA)* and *Regulations* for the administration of the Canada Student Financial Assistance Program (CSFA Program) and/or the Canada Apprentice Loan (CAL).

The Social Insurance Number (SIN) is collected under the authority of the CSFAA, the CSFAR, the CSLR, and the ALR, and in accordance with the Treasury Board Secretariat *Directive on the Social Insurance Number* which lists the CSFAA, the CSFAR, the CSLR, and the ALR as authorized users of the SIN. The SIN will be used as a file identifier and along with the other information you provide, will also be used to validate your application and to administer and enforce the CSFA Program and CAL.

Submitting your application for the SPDB is voluntary. Refusal to provide personal information will result in your application for the SPDB not being assessed to determine your eligibility for the Benefit. You will remain responsible for the repayment of your outstanding loans.

The information you provide may be shared with the federal government, the provincial/territorial government(s), the NSLSC, the CALSC, and financial institutions to directly or indirectly collect, retain, use, and exchange among themselves any personal information related to this application for the purposes of carrying out their duties under the Federal Act(s) and Regulation(s) and/or the applicable Provincial Act(s) and Regulation(s) relating to student and/or apprentice financial assistance, including for administration, enforcement, research, and evaluation purposes.

The information you provide may be disclosed to Statistics Canada for statistical and research purposes.

Your personal information is administered in accordance with the CSFAA and CSFAR, the CSLA and CSLR, the ALA and ALR, the *Department of Employment and Social Development Act (DESDA)*, the *Privacy Act*, and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks ESDC PPU 030 *Student Financial Assistance* and/or ESDC PPU 709 *Canada Apprentice Loans*. Instructions for obtaining this information are outlined in the government publication entitled [Info Source](#), which is available at the following web site address: www.canada.ca/infosource-ESDC. Info Source may also be accessed online at any Service Canada Centre.

You have the right to file a complaint with the [Privacy Commissioner of Canada](#) regarding the institution's handling of your personal information at: www.priv.gc.ca/faqs/index_e.asp.