



REQUEST FOR EXCLUSION ON MEDICAL GROUNDS

Make sure you are using the [latest version](#) of this form and:

- open and complete in Adobe Acrobat Reader or Pro for desktop (not Foxit PhantomPDF)
- public servants sign using Entrust (not Acrobat's Fill & Sign tool)
- non public servants may sign using Acrobat's Fill & Sign tool

Purpose

The exclusion on medical grounds under section 4 of the [Public Service Official Languages Exclusion Approval Order](#) exists for people with an impairment that makes them unable to attain, through language training with accommodation measures, the official language proficiency required for a bilingual position.

This form is to be completed when submitting a request to exclude a person from meeting the linguistic profile of a bilingual position when both these conditions are met:

- the person is considered for a non-imperative appointment or is appointed on a non-imperative basis as per the Treasury Board Secretariat [Directive on Official Languages for People Management](#) (appendix 2)
- the person has, or has reasons to believe that they have, a medical condition that prevents them from learning their second official language or attaining the linguistic profile of their bilingual position

Before submitting a request, the organization and the individual should discuss whether:

- the person has had enough language training to determine that they might not be able to attain the required language level because of a medical condition
- accommodation measures related to learning and evaluation have been unsuccessful in accordance with the [Directive on the Duty to Accommodate](#)
- the person would be unable to learn their second official language even with language training and accommodation measures because of a medical condition.

Note that exclusions on medical grounds can only be granted for a specific appointment. If the same person is considered for any other non-imperative appointment, a new request for exclusion has to be submitted to the Public Service Commission of Canada to confirm the exclusion for the new position. For this process, no new assessment is required from Health Canada unless the person's medical condition has changed.

Process

The deputy head or its delegate is responsible for submitting the form (with all 3 parts completed) to the Public Service Commission of Canada (PSC), which will then begin the formal process to determine whether the person meets the requirements under section 4 of the [Public Service Official Languages Exclusion Approval Order](#), and whether an exclusion on medical grounds may be granted.

Once the request has been analyzed, the PSC will send the organization a referral note inviting the person to undergo a Health Canada medical assessment to request an exclusion on medical grounds. The person and the organization will be required to provide additional information directly to Health Canada.

When the medical assessment is completed, Health Canada provides its recommendation directly to the hiring organization, who will need to provide a copy of the recommendation to the PSC. The PSC will then render a decision on whether the exclusion is granted and will inform the deputy head or its delegate of its decision. It is then the organization's responsibility to inform the person of the decision.

If you have any questions about the process or this form, please contact the PSC at: CFP.DELO-EAO.PSC@cfp-psc.gc.ca.

Once this form is completed, the deputy head or delegate must send a scanned copy or PDF version by email to: CFP.DELO-EAO.PSC@cfp-psc.gc.ca.

Privacy Act

Section 4 of the [Privacy Act](#) requires that government institutions collect personal information that only relates directly to the institution's operating program or activity. The Public Service Commission of Canada has the authority to collect information related to potential language exclusions, according to paragraph 30(2) (a) of the [Public Service Employment Act](#) and section 4 of the [Public Service Official Languages Exclusion Approval Order](#). It will use the personal information provided on this form exclusively for the reasons it was collected. The personal information will then be filed in personal information banks PSC PCE 774, to which access is restricted.

PART A. ELIGIBILITY FOR REQUESTING AN EXCLUSION ON MEDICAL GROUNDS (This section is to be completed by the organization)

Please respond to the following:

Is the person being “considered for appointment” or “appointed” on a non-imperative basis for an indeterminate period to a bilingual position?

Yes No

If yes, specify if the person is being considered for appointment or appointed on a non-imperative basis:

PART B. NON-IMPERATIVE APPOINTMENT INFORMATION (This section is to be completed by the organization)

Name of organization

Branch/Directorate

Classification

Position title in both official languages

Date of appointment (YYYY/MM/DD) (if applicable)

Appointment process number (if applicable)

End of the agreement to become bilingual period (YYYY/MM/DD) (when the individual has been appointed)

Language profile of the position

PART C. INDIVIDUAL’S INFORMATION (This section is to be completed by the organization)

Last name

First name

Personal Record Identifier (if applicable)

Second language evaluation results (if any) of the individual requesting the exclusion

Date of second language evaluation results (YYYY/MM/DD) (if any) for oral proficiency, written expression and reading comprehension

C.1. Language training information

If language training was provided, please indicate the type of training taken (duration: part-time or full time; type of training: regular, adapted or other; period of time; number of hours; difficulties encountered and interruptions) and describe any accommodation measures:

If no training or accommodation measures have been provided, please explain why:

C.2. Administrative arrangements

To address the fact that the person does not meet the linguistic profile of the position, what measures does the organization intend to take to ensure that the bilingual duties continue to be offered in both official languages? (Note that the persons involved (for example, employees supervised by this individual, direct manager) must be informed of the arrangements.) Please explain the measures:

C.3. Departmental representative

Full name	Title	
Email address	Language of correspondence <input type="radio"/> English <input type="radio"/> French	Telephone number

C.4. Authorization

The undersigned confirms that the information provided on this form, or attached, is accurate and complete.

Deputy head or delegate's full name	Title	
Email address	Language of correspondence <input type="radio"/> English <input type="radio"/> French	Telephone number

Deputy head or delegate's signature
(Sign with Entrust if possible. Right-click to clear your signature.
If you do not have Entrust, use Acrobat's Fill & Sign tool.)

Date (YYYY/MM/DD)

If the form was sent with Part D completed, please do not submit the form

PART D. CONSENT FOR REQUESTING AN EXCLUSION ON MEDICAL GROUNDS (This section is to be completed by the person requesting the exclusion)

Please refer to the purpose, process and *Privacy Act* Statement on page 1 before completing this form.

D.1. Reasons for requesting an exclusion

I have a long-term or recurring physical, mental or learning impairment that makes me unable to attain, through language training with accommodation measures, the official language proficiency required for the bilingual position.

Yes No

I am asking the Public Service Commission of Canada to evaluate my request for an exclusion on medical grounds for the position identified above (part B).

D.2. Consent to release information

I authorize the hiring organization to provide a copy of this document to the Public Service Commission of Canada (PSC) personnel who are reviewing my request for exclusion on medical grounds.

I am aware that, under the terms of the *Privacy Act*, organization that employs me, including human resources services, will only provide the PSC with the information that is directly related to the evaluation of my request for exclusion.

I authorize the PSC to provide the hiring organization with the decision regarding the exclusion. The PSC will not disclose any personal or medical information to parties other than the people responsible for coordinating the request at my organization.

The information collected by the PSC will be kept in the file relating to my request for exclusion. Only authorized PSC personnel may refer to this file for the purpose of this request and for future similar requests.

The PSC collects this information under the *Public Service Official Languages Exclusion Approval Order*. This personal information will be handled in accordance with the provision of the [Access to Information Act](#) and the *Privacy Act*. Files will be kept in regional data banks (PSC PCE 774), and I may request a copy from the office in accordance with the provisions of the *Privacy Act*.

D.3. Authorization

I have read the information above, or had it explained to me, and I understand the nature of the evaluation of the request for exclusion on medical grounds, and how my personal information may be used. I have had the opportunity to seek independent advice or the advice of my union. I declare that my consent has been given voluntarily. I understand that I may withdraw my consent at any time.

Individual's signature

(Sign with Entrust if possible. Right-click to clear your signature.
If you do not have Entrust, use Acrobat's Fill & Sign tool.)

Date (YYYY/MM/DD)

If you have any questions about this request, please contact your organization's human resources advisor or the official languages advisor.