



# Request for Exclusion on Medical Grounds

## Procedures

Under section 4 of the [Public Service Official Languages Exclusion Approval Order](#) (2005), a person with a long-term or recurring physical, mental or learning impairment, which makes the person unable to attain the second official language proficiency that is required for a position, can be excluded by the Public Service Commission from meeting the language requirements of the position.

The individual requesting the exclusion and their department (or agency) must complete all 3 parts of this form. The deputy head or delegate will then need to submit the form to the Public Service Commission, which will then begin the formal process to determine whether the individual meets the requirements under section 4 of the [Public Service Official Languages Exclusion Approval Order](#), and whether the individual is eligible for an exclusion on medical grounds.

Once the request has been analyzed, the Public Service Commission will send the department/agency a referral note inviting the individual to undergo either a Health Canada medical assessment or Canadian Hearing Society hearing assessment, for the purpose of requesting an exclusion on medical grounds.

Once the Public Service Commission receives the results of the assessment, it will provide its decision on the exclusion in a letter to the deputy head.

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**Public Service Commission contact:**

If you have any questions about this form, please send an email to: [CFP.DELO-EAO.PSC@canada.ca](mailto:CFP.DELO-EAO.PSC@canada.ca).

**Once this form is completed, the deputy head or delegate must send a scanned copy by email to: [CFP.DELO-EAO.PSC@canada.ca](mailto:CFP.DELO-EAO.PSC@canada.ca), or send the form by mail to the following address:**

Public Service Commission of Canada  
Policy and Communications Sector  
Employment Equity and Official Languages  
22 Eddy Street  
Gatineau, Québec  
K1A 0M7



## Request for Exclusion on Medical Grounds

### Part A – Conditions (This section is to be completed by the department/agency)

The department/agency and the individual requesting the exclusion must ensure that every effort has been made to help the individual attain the language level required for their bilingual position before submitting a request for exclusion.

Please respond to the following:

1. An exclusion on medical grounds can only be obtained for an indeterminate bilingual position staffed on a non-imperative basis.

Is the bilingual position staffed on a non-imperative basis for an indeterminate period of time?

Yes  No

**Note:** This condition must be met before an exclusion on medical grounds can be considered.

2. When an individual and a manager sign a Statement of Agreement to Become Bilingual, the department/agency must ensure that the individual obtained sufficient language training to attain the required language level.

Did the individual receive sufficient language training and make reasonable efforts to become bilingual at the level required for the position?

Yes  No

3. An exclusion on medical grounds may be considered when, in accordance with the [Directive on the Duty to Accommodate](#), all possible accommodation measures related to learning and evaluation have been unsuccessful.

Have accommodation measures related to language training or second language evaluation been taken?

Yes  No

### Privacy Act statement

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 has the authority to collect information related to potential language exclusions. This authority derives from paragraph 30(2) (a) of [the Public Service Employment Act](#) and section 4 of the [Public Service Official Languages Exclusion Approval Order](#). The Public Service Commission will use the personal information provided on this form exclusively for the reasons it was collected. The personal information will then be filed in the Public Service Commission's central personal information banks (PSC PCE 774), to which access is restricted.



## Request for Exclusion on Medical Grounds

### Part B. Request for referral for a Health Canada medical assessment or Canadian Hearing Society hearing assessment (This section is to be completed by the department/agency)

The following 2 documents must be attached to this form (in the case of an appointment):

- The individual's letter of offer
- The Statement of Agreement to Become Bilingual

Individual's information		
Family Name		Given Name
Personal Record Identifier (PRI) (if applicable)	Position Title	Classification
Name of department/agency		
Branch/Directorate		
Date of appointment (YYYY-MM-DD) (if applicable)	Appointment process number (for a proposed position)	End of the exemption period (YYYY-MM-DD) (if the individual has been appointed)
Language profile of the position (current or proposed depending on the type of request)	Language proficiency of the individual requesting the exclusion	Date obtained (YYYY-MM-DD)

The department/agency has taken all necessary accommodation measures to help the individual learn their second official language. Please describe the measures taken:

## Language training information

Please indicate the type of training taken:

1. Duration

Part-time

Full-time

Type of training

Regular

Adapted

Other  
(please specify) ▶ \_\_\_\_\_

Training Period From (YYYY/MM/DD)

To (YYYY/MM/DD)

Number of hours of language training completed

2. Duration

Part-time

Full-time

Type of training

Regular

Adapted

Other  
(please specify) ▶ \_\_\_\_\_

Training Period From (YYYY/MM/DD)

To (YYYY/MM/DD)

Number of hours of language training completed

3. Duration

Part-time

Full-time

Type of training

Regular

Adapted

Other  
(please specify) ▶ \_\_\_\_\_

Training Period From (YYYY/MM/DD)

To (YYYY/MM/DD)

Number of hours of language training completed

4. Duration

Part-time

Full-time

Type of training

Regular

Adapted

Other  
(please specify) ▶ \_\_\_\_\_

Training Period From (YYYY/MM/DD)

To (YYYY/MM/DD)

Number of hours of language training completed

If necessary, please provide explanations (for example, difficulties or interruptions):

If no training has been taken, please explain why:

## Administrative arrangements

What measures does the department/agency intend to take to ensure that the bilingual duties continue to be offered in both official languages? (Note that the individuals concerned must be informed of the arrangements.) Please explain the measures:

## Elapsed initial exemption period

If the 2-year exemption period has elapsed and the case is non-compliant, please explain the reason for the delay in filing the request:

**Once the medical assessment or the hearing assessment is completed, please provide us with either:**

- the letter of recommendation from Health Canada
- the Canadian Hearing Society assessment recommendation

## Departmental representative

Name (please print)	Title
Telephone number	Email Address

## Authorization

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

Deputy head or delegate's name (please print)	Title
Office mailing address (including postal code)	
Signature	Date (YYYY/MM/DD)

**PART C - Request for exclusion on medical grounds (This section is to be completed by the individual requesting the exclusion)**

**Please refer to the procedures and Privacy Act Statement on pages 1 and 2 before completing this form.**

**Reasons for requesting an exclusion**

- I am being considered for the position for which I am requesting an exclusion on medical grounds.
- I am the incumbent of the position for which I am requesting an exclusion on medical grounds.

1. If you are the incumbent of the position for which you are requesting an exclusion on medical grounds, did you, at the time of appointment, sign an agreement to become bilingual, and did you accept to be appointed or deployed to another position should you not meet the linguistic requirements of the position in your second official language during the 2-year period following your appointment?  Yes  No
2. Did you make the necessary effort to learn your second official language, and were you unable to attain the required level?  Yes  No
3. Do you have a hearing impairment?  Yes  No
4. Do you have a learning or physical or mental impairment?  Yes  No
5. Is your impairment long-term or recurring?  Yes  No

I am asking the Public Service Commission to evaluate my request for an exclusion on medical grounds for the position of	▶	Position Title	Group and Level
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**Consent to release information**

I, the undersigned, authorize my department/agency to provide a copy of this document to Public Service Commission personnel who are reviewing my request for exclusion on medical grounds.

I am aware that, under the terms of the Privacy Act, the department/agency that employs me, including human resources services, will provide the Public Service Commission with only the information that is directly related to the evaluation of my request for exclusion on medical grounds.

I authorize the Public Service Commission to provide my department/agency with the decision regarding the exclusion on medical grounds. The Public Service Commission will not disclose any personal or medical information to parties other than the individuals responsible for coordinating the request at my department/agency.

The information collected by the Public Service Commission will be retained in the file relating to my request for exclusion on medical grounds. Only authorized Public Service Commission personnel may refer to this file for the purpose of this request and for future similar requests.

The Public Service Commission 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.

**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 collected 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 name (please print)	Signature	Date (YYYY/MM/DD)

**If you have any questions about this request, please contact the human resources advisor or the official languages advisor in your department/agency.**