



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 (CSL), any applicable provincial student loans, and/or their Canada Apprentice Loan (CAL) will be cancelled.

Medical Eligibility

The Canada Student Loans Program (CSLP) 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 a functional limitation caused by a physical or mental impairment that:

- prevents a borrower from performing the daily activities necessary to participate in substantially gainful employment; and
- will remain with the person for their expected life.

For the purposes of the CSLP, "**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 loans only, the borrower's severe permanent disability must prevent them from performing the daily activities necessary to participate in studies at the postsecondary school level and in the labour force, and the functional limitation is expected to remain with the person for the duration of their life

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 limitations 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 CSLP at the following address:

Canada Student Loans Program
PO Box 2090, Station D
Ottawa, ON K1P 6C6

If you mail the SPDB Medical Report directly to the CSLP, 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 Loans 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 CSLP 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.**

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	
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 a functional limitation caused by a physical or mental impairment that prevents a borrower from performing the daily activities necessary to participate in substantially gainful employment; 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. For 2019, this is \$16,347.60 per year.

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 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

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4. Primary Physical or Mental Diagnosis:	Date of Onset
5. Secondary Physical and/or Mental Diagnosis (es):	Date of Onset
6. Please detail any relevant medical and social history relating to this patient:	

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:		

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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:

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): _____
☐ No

If yes, please explain:

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

b) Whether these 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:

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 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 loans, please answer the following questions:

13. In my opinion, this patient will **never be able to participate in the labour force, pursue post-secondary education on a full or part-time basis or an apprenticeship program for the rest of their life** due to their severe permanent disability/disabilities.

☐ Yes ☐ No

If yes, please explain how the patient's functional limitations **permanently prevent** them from any of these activities on a full or part-time basis **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.

The original version of the completed application must be submitted.