



Form 5 — Medical Certification to Hold a SSHRC Award on a Part-time Basis for Reason of Disability

CGS Master's

CGS Doctoral

SSHRC Doctoral

Postdoctoral

The applicant must arrange to have this form completed by a qualified medical practitioner or other health professional.

To the Health Professional

Your patient holds an award from SSHRC and is requesting to hold the award on a part-time basis. To qualify for part-time status, award recipients must demonstrate to SSHRC that they are unable to pursue full-time graduate studies because of a disability or impairment. The information you provide about yourself and your patient will be protected in accordance with the federal *Privacy Act*. It will be used by SSHRC staff only for the purpose of determining eligibility for part-time status for reasons of disability.

Patient family name (print)

Patient given name (print)

Initials

1. Describe the nature of your patient's impairment.

- Vision Hearing Mobility Mental/emotional/psychological
 Manual dexterity Other: _____

2. With assistive devices and/or prescriptions, can your patient perform tasks in a normal amount of time?

- Yes No Comments _____

3. Is the impairment likely to improve sufficiently that your patient may no longer be markedly restricted in his/her activities?

- Yes No (go to Certification section)

4. Within what time period do you anticipate that your patient will be able to resume a normal level of activity?

_____ (months)

Certification

As a qualified professional, I certify that to the best of my knowledge the patient in question is unable to pursue graduate studies on a full-time basis at this time.

Name of health professional (print)

Signature of health professional

Telephone number of health professional

Date

Area code Number Extension

Your professional title

- Medical Doctor Audiologist Speech-language Pathologist Occupational Therapist
 Psychologist Optometrist Other: _____