Attending Physician's Statement

2019-20

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

For Office Use Only

File No.

Student Information

Student's Full Name: _____

Student's Post Secondary Education No.: _____

Mailing Address: _____
Street/apartment number City/Town Province Postal Code

Telephone: _____

Note: The Student is responsible for any charge which may be made for completion of this form by the Attending Physician. This form is not to be used as confirmation of a permanent disability.

The reason for this Attending Physician's Statement is to verify medical information on my loan application for overpayment investigation.

Patient Release of Medical Information

Patient's Full Name: _____

Relationship to Student: ☐ Self ☐ Spouse
☐ Other - Specify: _____

I hereby authorize this information on this form to be released to the Ministry of Advanced Education for official use under the student assistance programs. **I hereby release** the attending physician named below of any and all claims for any action taken by the Ministry of Advanced Education resulting from this statement.

X_____ _____
Signature of Patient Date

To Be Completed by Attending Physician

To the best of your professional judgment, what will be (was) the period of time the above-noted patient will be (was) medically unfit to perform normal duties such as attending school, working, or actively seeking employment?

From (dd/mmm/yyyy): _____ To (dd/mmm/yyyy): _____

Remarks (include any unusual circumstances or special conditions which should be considered): _____
_____
_____

Attending Physician's name: _____ Telephone: _____

Mailing Address: _____
Street/apartment number City/Town Province Postal Code

x_____ _____
Signature of Attending Physician Date

RETURN COMPLETED FORM TO STUDENT