

# University of St. Augustine for Health Sciences

## Physician's Certification of Borrower's Condition

Student Name:	Student ID/SSN:
Address:	Daytime Phone Number:
City/State/Zip Code:	Date of Birth:

**PHYSICIAN:** Please only complete Section A OR Section B. Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

**PHYSICIAN'S ADDRESS MUST BE COMPLETED WITH AN OFFICE STAMP OR FORM WILL BE RETURNED**

\*\*\*If the physician's office does not possess a stamp, then this form must be faxed, along with a cover sheet, directly from the physician's office as proof of validity\*\*\*

### **SECTION A**

I certify that, in my best professional judgment of the condition, the person named above **DOES** have the ability to engage in substantial gainful activity\*.

*Warning: Previous federal student loan debts have been cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional federal financial aid.*

Signature of Physician (M.D. or D.O.) \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (Must be Medical Doctor or Doctor of Osteopathy) \_\_\_\_\_ Telephone Number \_\_\_\_\_

(STAMP ONLY) Address (Street, City, State and Zip Code) \_\_\_\_\_

Certification/AMA Medical License Number \_\_\_\_\_ State of Professional Registration \_\_\_\_\_

**OR**

### **SECTION B**

I certify that, in my best professional judgment of the condition, the person named above **DOES NOT** have the ability to engage in substantial gainful activity\*.

Signature of Physician (M.D. or D.O.) \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (Must be Medical Doctor or Doctor of Osteopathy) \_\_\_\_\_ Telephone Number \_\_\_\_\_

(STAMP ONLY) Address (Street, City, State and Zip Code) \_\_\_\_\_

Certification/AMA Medical License Number \_\_\_\_\_ State of Professional Registration \_\_\_\_\_

*\*Substantial gainful activity is described as "a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study and securing employment in order to repay the new loan the borrower is seeking".*