



### 3. Recognition of Accessibility Criteria for Part Time Deemed Full Time Status

**PLEASE NOTE: This section MUST be completed by a Doctor, an Audiologist or an Optometrist.**

Check **one** answer for **each** of the four disabilities listed below. **By checking “Yes” to any of the four disabilities listed below, you acknowledge that the student has a disability that leads to major persistent limitations in the pursuit of their studies, which qualifies them to be recognized as a part time deemed full time student.**

#### Severe visual impairment

Yes  No

Visual acuity in each eye, after correction by means of appropriate ophthalmic lenses, excluding special optical systems and additions greater than 4.00 dioptres, is not more than 6/21, or the field of vision in each eye is less than 60 degrees in the 180-degree and 90-degree meridians and, in either case, the person is unable to read, write or move about in an unfamiliar environment.

#### Severe hearing impairment

Yes  No

The ear having the greater hearing capability is affected by a hearing deficiency evaluated, according to 1992 Standard S3.21 of the American National Standard Institute, to be an average of at least 70 decibels, in aerial conduction, on any of the 500, 1 000 or 2 000 Hertzian frequencies. Please include an audiogram with this form.

#### Motor impairment

Yes  No

Loss, malformation or abnormality in the skeletal, muscular or neurological systems responsible for body motion.

#### Organic impairment

Yes  No

Disorder or abnormality in the internal organs forming part of the cardiorespiratory, gastrointestinal or endocrine systems.<sup>1</sup>

**Note: This form should not be used for a financial aid request.**

### 4. Other Relevant Information

---

---

---

---

### 5. Identification and Signature of Professional, General Practitioner or Medical Specialist

FIRST AND LAST NAME

LICENCE NUMBER

PROFESSION

NAME OF PRACTICE

BUSINESS ADDRESS

TELEPHONE

SIGNATURE

DATE