

Physician's Certification of Borrower's Condition

Name:	Student ID#:
Address:	Phone:
City, State:	Zip Code:

Physician:

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

Physician Signature: _____

Date: _____

Physician's Name:
Address: <small>(Street, City, State, Zip Code)</small>
Certification/AMA Medical License Number:
State of Professional Registration:

*Substantial gainful activity is described as the following "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".