

**IOWA COLLEGE STUDENT AID COMMISSION**  
**603 E. 12th Street, 5<sup>TH</sup> FLOOR, DES MOINES, IA 50319**  
**PHONE NO.: (800) 383-4222**  
**FAX NO.: (515)242-3389**

### PHYSICIAN'S STATEMENT OF CONDITION

#### Section 1 - Borrower Information (To be completed by borrower)

SSN: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

#### Borrower Authorization, Understanding, & Certification:

I authorize any physician, hospital or other institution having records about the impairment or condition for which I had previously requested discharge of my federal loan(s) to make information from these records available to the Iowa College Student Aid Commission.

\_\_\_\_\_  
 Borrower (Borrower's Representative) Signature/Date

#### Section 2 - Physician's Certification (To be completed by physician)

**Instructions for Physician:** You are being asked to complete and sign this form to certify that the aforementioned person whose loan(s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling condition or impairment has substantially improved.

Diagnosis of the aforementioned person's present medical condition:

Borrower is: Ambulatory \_\_\_\_\_ Other \_\_\_\_\_

When did the aforementioned person's illness/injury substantially improve?

\_\_\_\_\_  
 (mm/dd/ccyy)

**Prognosis:** \_\_\_\_\_

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgement, the person named above is able to engage in substantial gainful activity, i.e., work and earn money.

Physician's Signature/Date: \_\_\_\_\_

Physician's Name (typed/print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

State of Professional Registration: \_\_\_\_\_

Professional Registration Number: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE IOWA COLLEGE STUDENT AID COMMISSION  
 AT THE ADDRESS LISTED ABOVE**

