
SECTION 2: To be completed by PHYSICIAN.

Physician Certification: I certify that my patient, the student identified above, has a disability condition that has improved and the student, in my professional opinion, has the ability to engage in substantial gainful activity. Per the Social Security Administration, the term “substantial gainful activity” (SGA) is used to describe a level of work activity and earnings. Work is “substantial” if it involves doing significant physical or mental activities or a combination of both. “Gainful” work activity is: Work performed for pay or profit. I understand that I may be contacted by MATC Office of Financial Aid for clarification of this student’s status.

I am a doctor of:

- Medicine
- Osteopathy/Osteopathic Medicine

In the State of _____.

Please select one of the options below:

- Yes, the patient listed above, has the ability to engage in substantial gainful activity.
- No, the patient listed above, does not have the ability to engage in substantial gainful activity

Practice Name	Practice Address
Name of Physician (print)	Professional License Number
Physician Phone Number	Physician’s Email

Physician’s Signature (a signature stamp is not acceptable)

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both