

- Physician's Form -

The Inclusive Workplace & Supply Council of Canada (IWSCC) certifies businesses majority-owned by Veterans and/or persons with a disability as **Diverse Suppliers**. As a not-for-profit entity, IWSCC's mission is to support the success of these businesses.

For a company to be certified as a **Disabled-Owned** business, it must first be confirmed that the owner is an individual with a disability as defined below. IWSCC Certification Standards and Procedures aligns their definition of disability with the Accessible Canada Act (ACA), a two-part definition wherein:

- **Disability** means any impairment, including a physical, mental, intellectual, cognitive, learning, communication, or sensory impairment - or a functional limitation - permanent, temporary, or episodic in nature, evident or not, that, in interaction with a barriers, hinders a person's full and equal participation in society.

And wherein:

- **Barrier** means anything - including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice - that hinders the full and equal participation in society of persons with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation.

To qualify for IWSCC Certification, a disability must:

- Be documented as an impairment or combination of impairments, visible or invisible, that are prolonged and likely to be of indefinite duration i.e. permanent.
- Substantially limit one or more major life activities of such individual, or would substantially limit one or more major life activities of such individual without medical accommodation or intervention i.e. medication, assistive device, or caretaking.
- Be demonstrated by appropriate documentation (e.g. records, statements, or other appropriate information) issued by a Licensed Health professional (e.g. a physician or other medical professional duly certified to practice medicine), registered or certified vocational rehabilitation specialist.



Inclusive Workplace & Supply Council of Canada (IWSCC)

www.iwsc.ca | info@iwsc.ca

520 Coronation Drive, Unit 2, Toronto, ON. M1E 5C7

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This page to be completed by physician or other licensed healthcare professional.

Printed Name of Licensed Health Professional	
Medical License or Registration Number	
Address of Current Place of Business	
City and Province	
Postal Code	
Email	
Telephone	

Patient / Applicant's Legal Name
How long has the applicant been under your care?

Does the applicant have any condition(s) that, as described in this document, hinders their full and equal participation in society?

Yes.

No.



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What is the expected duration of the applicant's condition(s) attested to in this form?
Select all that apply.

Permanent.

Episodic.

Temporary (less than 3 years).

I, _____ (Printed Name of Physician):

1. Certify that the individual patient / applicant named above meets the definition of disability provided in this document, in line with the Accessible Canada Act (ACA) and IWSCC Standards and Procedures.
2. Understand that submitting and / or attesting to any false information on behalf of the individual applicant could result in the revocation of IWSCC Certification of the above applicant, and/or could result in legal action against the individual applicant and/or healthcare professional in accordance with applicable laws.
3. Attest that all information provided in this form and any attached information in support of those claims are true and correct.

Signature of Physician or License Healthcare Professional named above:

Date of Signature (DD - MM - YYYY):

IWSCC CONFIDENTIAL INFORMATION: This document includes confidential information that shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate the disability status of an individual for the purpose of IWSCC Certification.



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