

FORM FOR MEDICAL CERTIFICATE FOR PERSON WITH DISABILITY (PWD)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL :

Certificate No.

Date :

DISABILITY CERTIFICATE

Recent photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board

This is certified that Shri/Smt/Kum.....Son/wife/daughter of Shri age..... sexidentification mark(s)is suffering from permanent disability of following category :

A. Locomotor or cerebral palsy :

- (i) BL-Both legs affected but not arms
- (ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL – One leg affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (v) OA – One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH – Stiff back and hips (can not sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision

- (i) B-Blind
- (ii) PB – Partially Blind

C. Hearing impairment :

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period ofyears.....months*.

3. Percentage of disability is his/her case is.....percent.

4. Shri/Smt./Kum.....meets the following physical requirements for discharge of his/her duties.

- (i). F-can perform work by manipulating with fingers Yes/No
- (ii). PP-can perform work by pulling and pushing Yes/No
- (iii). L-can perform work by lifting Yes/No
- (iv). KC-can perform work by kneeling and crouching Yes/No
- (v). B-can perform work by bending Yes/No
- (vi). S-can perform work by sitting Yes/No
- (vii). ST-can perform work by standing Yes/No
- (viii). W-can perform work by walking Yes/No
- (ix). SE-can perform work by seeing Yes/No
- (x). H-can perform work by hearing/speaking Yes/No
- (xi). RW-can perform work by reading and writing Yes/No

(Dr.....)

Member
Medical Board

(Dr.....)

Member
Medical Board

(Dr.....)

Chairperson
Medical Board

Countersigned by the
Medical Superintendent/CMO/Head of Hospital (with seal)

*strike out whichever is not applicable.