FORM FOR MEDICAL CERTIFICATE FOR PERSON WITH DISABILITY (PWD)

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL :

Certificate No. Date :

DISABILITY CERTIIFCATE

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……. sex ……..identification 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 of ……years…….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……..)	(Dr……)	(Dr……..)
Member	Member	Chairperson
Medical Board	Medical Board	Medical Board

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

*strike out whichever is not applicable.