

Form of Medical certificate For Persons With Disabilities (PWD)**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. _____ Date : _____

DISABILITY CERTIFICATE

This is certified that Shri/Smt./Kum. _____
 Son/Wife/Daughter of Shri _____ Age _____
 Sex _____ Identification Mark(s) _____
 is suffering from permanent disability following Category :-

Paste here recent colour
 Photograph showing the
 disability. The photograph
 should be attested by the
 Chairperson of the
 Medical Board)

A. Locomotor or Cerebral Palsy :**(i)** BL-Both Legs affected but not Arms.**(ii)** BA-Both Arms affected**(iii)** BLA-Both Legs and both Arms affected**(iv)** OL-One Leg affected (Right or Left)**(v)** OA-One Arm affected**(vi)** BH-Stiff back and hips (Cannot sit or stoop)**(vii)** MW-Muscular weakness and limited physical endurance.**(a)** Impaired reach**(b)** Weakness of Grip**(a)** Impaired reach**(b)** Weakness of Grip**(c)** Ataxic**(a)** Impaired reach**(b)** Weakness of Grip**(c)** Ataxic**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 in 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 which is not applicable.