

DISABILITY CERTIFICATE

Name and Address of the institute / hospital :

Certificate No.

This is certified that Shri/Smt/Kum
of Shri

age

son/wife/ daughter
years sex

Identification mark(s)

is suffering from

Permanent disability of following category:

A. LOCOMOTOR OF CEREBRAL PALSY:

- BL- Both legs affected but not arms
- BA – Both arms affected
 - a) Impaired reach
 - b) Weakness of grip
- BLA – Both legs and arms affected
- OL - One leg affected (Right or Left)
 - a) Impaired reach
 - b) Weakness of grip
 - c) Alaxic
- OA – One arm affected
 - a) Impaired reach
 - b) Weakness of grip
 - c) Ataxic
- BH – Stilt Back and hips (cannot sit or Stoop)
- MW- Muscular Weakness and limited physical endurance.

B. BLINDNESS OR LOW VISION:

- B –Blind
- PB –Partially Blind

Contd:2

:2:

C: HEARING IMPAIRMENT:

- D - Deaf
- PD - Partially Deaf

(Delete the category whichever is not applicable)

2.) This condition is progressive / non-progressive /likely to improve / not likely to improve . The 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

- P – can perform work by manipulating with fingers yes /No
- PP- Can perform work by pulling and pushing Yes/No
- L - Can perform work by lifting Yes /No
- KC – Can perform work by kneeling and crouching Yes/No
- B - Can Perform work by bending yes/No
- S - Can perform work by sitting Yes /No
- ST – Can perform work by standing Yes/No
- W – Can perform by walking Yes/ No
- SE – Can perform work by seeing Yes /No
- H - Can perform work by hearing / speaking Yes / No
- RW – Can perform work by reading and writing Yes /No

(Dr.) (Dr.) (Dr.)
Member Member Chair Person
Medical Board Medical Board Medical Board

Countersigned by the

Medical Superintendent / CMO/
Head of the Hospital (With seal)

Strike which ever is not applicable. No column should be left blank.