

SOCIAL WELFARE DIVISION

**MEDICAL OFFICER'S REPORT**

Local Board .....

Address .....

Date .....

THE DISTRICT MEDICAL OFFICER

CLINIC/HEALTH CENTRE .....

Kindly provide a Medical Report for the purpose of Public Assistance.

.....  
*Social Welfare Adviser*

Name .....

P.A. File No. ....

Occupation.....

I.D. No. ....

Address .....

Nature of illness or injury .....

Whether disabled from earning .....

Percentage of disability .....

Probable duration of disability .....

.....  
*Date*

.....  
*Medical Officer*

*(Kindly affix your office stamp)*

**Note to Medical Officer**—The object of the report is to assist the Local Board in determining what assistance may be given to the applicant.