

SOCIAL WELFARE DIVISION

DISABILITY ASSISTANCE
MEDICAL OFFICER'S REPORT

Local Board

Address

Date

THE DISTRICT MEDICAL OFFICER

CLINIC/HEALTH CENTRE

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

.....
Social Welfare Adviser

Name of Applicant

I.D. No.

Address

Nature of Disability

Whether Disabled from earning Percentage of disability

Whether Disability is Permanent

.....
Date

.....
Medical Officer

(Kindly affix your office stamp)

Note to Medical Officer—The object of this Report is to target persons who are mentally or physically handicapped with a disability that is permanent or likely to be permanent.