MEDICAL CERTIFICATE IN RESPECT OF
ORTHOPAEDICALLY HANDICAPPED CANDIDATES

Issued under authority Vide G.O.Ms.No. 109, Women's Development,
Child Welfare & Labour Department, Dt: 15.6.1992.

For all the purpose of assistance the Orthopaedically Handicapped are those who have physical defect or deformity which cause an interference with the normal functioning of bones, muscles and joints.

Certified that the District Medical Board have this ……..… day of ……..…20……have examined the applicant whose particulars are given below and that he/she falls within the above definition:

Pass Port Size Photograph of the Candidate with the Attestation of the Issuing authority

1. Name of Candidate
2. Father's Name
3. Sex
4. Approximate Age
5. Identification Marks

6.(a) Name of Disability:
Tick the relevant from following list) Post-Polio Paralysis, Hemiplegia, Quadra-Rlegia Malunitied fracture, Nerve paralysis, Upper extremity, Lower Extremity Limp Painful shortening, Deformity Congenital Acquired above knee, below knee, Hip Hemipeelvectomy, Symes cheoparts, Writ Fingers, Below elbow, Above elbow, Shoulders, Fore quarter, Unilateral Bilateral

(b) Extent Disability:
Estimate in percentage (Me-Bride-scale) on Anatomical functional, (Patient's Assessment, Examiner's Assessment) Economical Basis mention as percentage (Specific Percentage has to be mentioned)

(c) Use of appliance:
(Tick relevant from following list) Calliper, Crutch, Above knee, Below knee, Prosthesis, Cans, Unilateral, Bilateral Shoulder Dis-Articulation

(d) Any Operation done or indicated:

(e) Photograph (Attested)
To show the nature of disability and Any appliance if used.

7. Any other particulars to clarify the nature And extent of disability that the Surgeon Might like to point out.

SIGNATURE OF APPLICANT

SIGNATURE OF MEDICAL SUPERINTENDENT, (Seal)
Medical Board.

Signature of Orthopedic Surgeon
(with seal) Medical Board.