

MEDICAL CERTIFICATE FOR THE ORTHOPAEDICALLY
HANDICAPPED

Certified that I, Dr.

Reg. No.

have this day of examined the candidate

whose particulars are given below:

Name of the candidate :

Father's Name :

Sex :

Age :

Occupation :

Identification Marks :

He / She (State the nature of disability/deformity etc)

The disability in the above mentioned left/right; upper/lower limb is permanent/partial and partial in excess/lower about (percent) as per the standards contained in the manual for Orthopaedic Surgeon in evaluating permanent physical impairment brought out by the American Academy of Orthopaedic Surgeons, U.S.A. and published on their behalf by artificial limbs manufacturing corporation of India, G.T. Road, Kanpur. He / She is eligible for the grant of Conveyance Allowance.

Signature of the Candidate

Signature of the Head of
the Orthopaedic Dept.

Government Civil Hospital

Name:

Reg. No.

Designation with Office Seal

We also advise you to instruct the member to obtain from the doctor advising the following particulars:-

If present

1. Strength of muscle (a) Grade 0-5 with limb details
(b) Mobility
2. (a) Range of Movements of limbs: 20% or 30%
(b) Stability
3. Co-ordination of the limb: Grade 0 – 5
4. Sensor Loss: Extent in the various parts of the body
5. Shortening of the limb: By centimeters and
6. Amputation (a) Level
(b) The ability to fix artificial support.

If not present

1. Mention that it is not present.