Job Oriented Physical and Functionality Certification

Recent passport size attested photograph of the person with disability

Certificate No: **Date of issue:**

This is to certify that I have carefully examined Shri/Smt/Kum---------- son/wife/daughter of Shri----------Date of Birth (DD/MM/YY)----/-----/----- Age --------years, male/female----------with disability certificate No.---------- Permanent resident of House No.----------Ward/ Village/ Street ----------Post Office----------District----------State Kerala, whose photograph is affixed above, has been evaluated for the job oriented physical and fuctional capabilities, and is shown against the physical requirement and Categories of disability.

Physical Requirement

Please mark"yes" if physical requirement is present, Strike out if the requirement is not present Example: One Arm- if present-[Yes] One Arm – if absent- [/]

1	One Arm(OA)		15	Kneeling & Crouching (KC)	
2	One Leg(OL)		16	Lifting(L)	
3	One Arm and One Leg (OAL)		17	Movement(M)	
4	Both Arms(BA)		18	Manipulation by Fingers(MF)	
5	Both Leg(BL)		19	Observing(Watching)(O)	
6	Both Legs and Arms(BLA)		20	Picking(P)	
7	Both Legs and One Arm(BLOA)		21	Pulling and Pushing(PP)	
8	Bending(BN)		22	Reading(R)	
9	Communication(C)		23	Seeing(SE)	
10	Climbing(CL)		24	Sitting(S)	
11	Crawling(CRL)		25	Standing(ST)	
12	Hearing(H)		26	Walking(W)	
13	Holding(HO)		27	Writing(WR)	
14	Jumping(JU)				

Categories of Disability					
I.Visual Impairment(VI)					
Ia	Blindness(B) Category IV a -90% IVb-100%		Ib	Low Vision(LV) Category III a (Low Vision 40%) Category III b (Low Vision 50%) Category III c (Low Vision 60%) Category III d (Low Vision 70%) Category III e (Low Vision 80%)	
II. Hearing Impairment(HI)					
IIa	Deaf(D)(70dB loss in BE) Communication as assessed in WHODAS 2----------%		IIb	Hard of Hearing(HH)(60-70 dB loss in BE)	
IIc	Speech and Language Disability(SL)----------%				
III.Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystropy:					
IIIa	Locomotor Disability -------%		IIIe	Cerebral Palsy(CP) GMFCS Level I(<40%) Level II(40-50%) Level III(51-60%) LevelIV(61-79%) Level V(80% or more) MACS Level I (20%) Level II(30%) Level III(40%) Level IV(55%) Level V(70% or more)	
IIIb	Dwarfism(DW)-------% Communication as assessed in WHODAS 2----------%				
IIIc	Leprosy Cured(LC) WHO Grading Grade 0 Grade 1 Grade 2				
IIId	Muscular Dystrophy (MD)----------%		IIIf	Acid Attack Victims (AAV) ---------%	
	Category IV				
IVa	Autism(ASD)		IV b	Specific Learning Disability (SLD)--------%	
IVc	Intelectual Disability(ID) VSMS Score Disability- 100 % Disability- 90% Disability- 75% Disability- 50% Disability- 25%		IVd	Mental Illness (MI) IDEAS Scoring 0-No disability 1- Mild 2-Moderate 3=Severe 4=Profound	
V	**Category V- Multiple Disability**				
	Disability1.....% Disability 2.....%	2 Disabilities – a+[bx(90-a)]/90 if a>b Overall Disability Percentage.....%			

(Guidelines for evaluation of various disabilties and procedure for certification, Jan5, 2018 Gazette of India)

Authorised Signatory of notified Medical Authority
Name and Seal

ANNEXURE - I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr./Ms./Mrs._____ (name of the candidate with disability), a person with_____ (nature and percentage of disability as mentioned in the certificate of disability), S/o, D/o _____ a resident of _____(Village/District/Sate) and to state that he/she has physical limitation which hampers his/her writing capabilities owning to his/her disability.

Signature
Chief Medical Officer/Civil Surgeon/Medical Superintendent
of a Government health care Institution
Name & Designation

Name of Government Hospital / Health Care Centre with Seal

Place: _____
Date: _____

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist / PMR).