



DISABILITY ASSISTANCE GRANT
(Children Under 18 Years)
MEDICAL REPORT
1: Beneficiary Information

Full Name: _____
Last First Middle

Also Known As: _____

Date of Birth _____ Age: _____ Gender: _____

Address: _____
Street Address (where child lives)

_____ Town / City Country

2.1: Existing Diagnosis (Attach Copies of relevant documents)

Diagnosis: _____

_____ Description of how condition affects the child's/family's daily life and activities

_____ Recommendations

2.2: Medical Diagnosis Resulting in Disability

Is the condition permanent? Yes: No: If no, please state the duration: _____

Diagnosis: _____

_____ Description of how condition affects the child's/family's daily life and activities

_____ Recommendations

2.3: Physical Disability

(i) **Visual:** None Mild Moderate Severe Complete Not Specified Not Applicable

Is the condition permanent? Yes No: If no, please state the duration: _____

Diagnosis: _____

_____ Description of how condition affects the child's/family's daily life and activities

_____ Recommendations

(ii) **Hearing:** None Mild Moderate Severe Complete Not Specified Not Applicable

Is the condition permanent? Yes No: If no, please state the duration: _____

Diagnosis: _____

_____ Description of how condition affects the child's/family's daily life and activities

_____ Recommendations

(iii) **Motor Functions :** None Mild Moderate Severe Complete Not Specified Not Applicable

Is the condition permanent? Yes No: If no, please state the duration: _____

Diagnosis: _____

_____ Description of how condition affects the child's/family's daily life and activities

_____ Recommendations

2.4: Developmental Disability

Communications Skills Expression	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Complete <input type="checkbox"/>	Not Specified <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Reception	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Complete <input type="checkbox"/>	Not Specified <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Self-Care	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Complete <input type="checkbox"/>	Not Specified <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Social / Emotional	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Complete <input type="checkbox"/>	Not Specified <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Cognitive / Intellectual	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Complete <input type="checkbox"/>	Not Specified <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

Is the condition permanent? Yes No If no, please state the duration: _____

Diagnosis: _____

Description of how condition affects the child's/family's daily life and activities

Recommendations

Special Education: Yes Full Time Part Time: No

Teachers Aid: Yes No

Speech Therapy: Yes No Language Therapy: Yes No Personal Care Assistance: Yes No

Other Please specify: _____

2.5: Mental Health

None Mild Moderate Severe Complete Not Specified Not Applicable

Is the condition permanent? Yes No If no, please state the duration: _____

Diagnosis: _____

Description of how condition affects the child's/family's daily life and activities

Recommendations

2.6: Other Information

Provide any other information which is relevant to determine the extent of the child's disability:

2.7: Overall Assessment

Impact of disability on the child's level of functioning

None Mild Moderate Severe Complete Not Specified Not Applicable

Is the condition permanent? Yes No If no, please state the duration: _____

Status to be reviewed in: _____ Medical Officer (Name & Board Number): _____

BLOCK LETTERS

Medical Officer: _____

SIGNATURE

Please affix stamp here