

**Medical Certificate****Details of Disabled Person**

ID Card Number: \_\_\_\_\_

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

**The disability is** (Tick ✓ as applicable) Physical Impaired Vision Intellectual Impaired Hearing Psychological**Service Required** (Tick ✓ as applicable) Special ID Card Blue BadgeThe disability started:  at birth when the person was \_\_\_\_\_ years old

Applicant can sign on own behalf

 Yes No

Does the disabled person have a permanent mobility problem?

 Yes No

Please give clear and accurate diagnosis and details of disability and how this is affecting the applicant in his/her everyday life. The more detailed the information given, the faster this application can be processed.

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\_\_\_\_\_  
Name & Surname (Doctor)\_\_\_\_\_  
Medical Registration Number\_\_\_\_\_  
Signature (Doctor)\_\_\_\_\_  
Date

Rubber Stamp