DISABILITY ASSISTANCE GRANT Children (Under 18 Years)

MEDICAL REPORT

1: Beneficiary Information

Full Name:					
Also Known As:		First		Mi ddl e	
Date of Birth			Gender:		
Address: Street Address (where child lives)					
		Country			
Town / City	2.1: Existing Diag	gnosis (Attach Copies o	of relevant documer	ıts)	
Diagnosis:					
Description of how condition affects the child's/family's dail	v lile and activities			<u></u>	
enter priority in the community of the c	, 190 mm acrimes				
Recommendations				-	
4					
		cal Diagnosis Resultin	-		
Is the condition permanent? Yes: □	No: ☐ If no, please state th	e duration:			
Diagnosis:					
Description of how condition affects the child Mamily's dail	y life and activities				· ·
					-
Recommendations				-	
(i) Visual: None□ Mild Is the condition permanent? Yes□ Diagnosis:	_	2.3: Physical Dis Complete e duration:	Not Specified□	Not Applicable□	
Description of how condition affects the child s/jamily's dail	y life and activities				
<u> </u>					
Recommendations					
(ii) Hearing: None Mild Is the condition permanent? Yes ☐		☐ Complete☐	Not Specified□		
Diagnosis:					
Description of how condition affects the child's/family's dail	y life and activities				-
0					
Recommendations					
(iii) Motor Functions: None□		ere Complete	Not Specified□	Not Applicable□	
Is the condition permanent? Yes	/1	e duration:			
Diagnosis:					
Description of how condition affects the child s/family's dail	y life and activities			-	
Recommendations					

2.4: Developmental Disability

			114		•		
Communications Skills Expression	None□	Mild□	Moderate□	Severe□	Complete□	Not Specified□	Not Applicable□
Reception	None□	Mild□	Moderate	Severe	Complete 🗆	Not Specified □	Not Applicable □
Self-Care	None□	Mild□	Moderate	Severe	Complete 🗆	Not Specified □	Not Applicable □
Social / Emotional	None□	Mild□	Moderate	Severe	Complete	Not Specified □	Not Applicable □
Cognitive / Intellectual	None□	Mild□	Moderate□	Severe□	Complete	Not Specified □	Not Applicable □
Is the condition permaned Diagnosis:					on:		
Description of how condition affects the c	child's/family's daily	v life and activition	es				
Recommendations							
Special Education: Yesl Teachers Aid: Yesl		ll Time□	Part Tir	ne:□	No□		
Speech Therapy: Yes Other Please specific	□ No		anguage Therap	y: Yes□	No□ Per	rsonal Care Assistan	ce: Yes No
None□ Mild□ Is the condition permane		rate□ No □	2.5: If no, please s	Mental Hea Compl	ete□ Not	Specified□	Not Applicable□
Diagnosis:			· -				
Description of how condition affects the c	child's/family's daily	v life and activition	es				
Recommendations							
Provide any other inform	nation whic	ch is releva		her Informate the extent		isability:	
			2.7: Ov	erall Assess	ment_		
Impact of disability on t	he child's le	evel of fur	nctioning				
None□ Mild□	Modera	ate□	Severe□	Comp	lete□ No	t Specified□	Not Applicable□
Is the condition permane	ent? Yes 🗖 1	No □ If no	o, please state th	ne duration:			
Status to be reviewed in	n:			Medical Bo	ard Number: _		
Medical Officer:		BLOCK LETTERS		<u></u>			-
		DEOCK LETTERS				Medical Officer Sign	nature