

# Medical Report

## Applicant Details

Identity Card Number: \* \_\_\_\_\_  
Name: \* \_\_\_\_\_ Surname: \* \_\_\_\_\_

## Contact Details

Address: \* \_\_\_\_\_  
\_\_\_\_\_  
Contact Number: \_\_\_\_\_

## Ophthalmologist's Report (Application Assistance for the Visually Impaired)

The provisions of the Social Security Act ([Cap. 318.](#)) defines a "visually impaired person" as a person whose visual acuity has been certified by an ophthalmologist to be so low as to render such person unable to perform any work for which eyesight is essential.

The applicant does not have any condition mentioned above

## Disability Specialist's Report (Application Disability Assistance)

The applicant has the following condition/s: *(Mark as applicable)*

Permanent total paralysis or permanent total severe malfunction or permanent total disease, whether through amputation or otherwise of one of the upper or lower limbs

Totally and permanently mute or permanently deaf to a degree of no less than 70 decibels

The applicant does not have any condition mentioned above

## Psychiatrist's Report (Application Severe Disability Assistance Intellectual)

The provisions of the Social Security Act (Cap. 318.) defines a person who has a severe intellectual disability<sup>1</sup> as arrested or incomplete development of mind, resulting in a marked lack of intelligence which in turn renders the person affected incapable of living an independent life or of guarding himself / herself against serious exploitation or will render him / her so incapable when of age to do so.

The applicant does not have any condition mentioned above

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<sup>1</sup> Refers to "person suffering from severe mental sub normality" as stipulated in the Social Security Act (Cap. 318.)

## Severe Disability Specialist's Report (Application Severe Disability Assistance Physical)

The applicant has the following condition/s:		(Mark as applicable)	(✓)
A	Total deaf mutism <sup>1</sup>		<input type="checkbox"/>
B	Achondroplasia, Hypopituitarism, Osteogenesis Imperfecta or other forms of Dwarfism		<input type="checkbox"/>
C	One of the following diseases:		<input type="checkbox"/>
	• Multiple Sclerosis		<input type="checkbox"/>
	• Muscular Dystrophy		<input type="checkbox"/>
	• Neuro Myelitis Optica		<input type="checkbox"/>
	• Spina Bifida		<input type="checkbox"/>
	• Systemic Lupus Erythematosus		<input type="checkbox"/>
	• Haemophilia or any other similar permanent disorder of the blood characterised by chronic or repeated bleeding		<input type="checkbox"/>
	• Huntington's Chorea		<input type="checkbox"/>
	• Cystic Fibrosis		<input type="checkbox"/>
	• T C II Deficiency		<input type="checkbox"/>
	• Cerebellar Ataxia		<input type="checkbox"/>
	• Hydrocephalus		<input type="checkbox"/>
	• Chronic Granulomatous		<input type="checkbox"/>
	• Leopard's Syndrome		<input type="checkbox"/>
	• Amyotrophic Lateral Sclerosis (ALS)		<input type="checkbox"/>
D	Permanent total paralysis or permanent total severe malfunction or permanent total disease, whether through amputation or otherwise of both upper or lower limbs		<input type="checkbox"/>
E	Epilepsy with a frequency of attacks exceeding four per month, which condition is confirmed by appropriate investigations including an electroencephalogram and so certified by a neurologist or psychiatrist provided that the person concerned is not in possession of a driving licence		<input type="checkbox"/>
F	Congenital indifference to pain		<input type="checkbox"/>
	Applicant does not have any condition mentioned above		<input type="checkbox"/>

<sup>1</sup> Refers to the condition which in the Social Security Act (Cap. 318.) is referred to as 'mute' and 'deaf'.

**Additional Information**

Other condition/s not mentioned above or any additional information:

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Name of Medical Specialist

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Signature of Medical Specialist

\_\_\_\_\_  
Date

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