



**PERSONS WITH DISABILITY AFFAIRS OFFICE (PDAO)
CITY OF IMUS**



Philippine Registry Form for Person With Disability VER.4.0

PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY

1.PWD NUMBER:	2. APPLICATION DATE:
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3. Last Name:	First Name:	Middle Name:
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4. TYPE OF DISABILITY (TO BE FILLED BY PDAO PERSONNEL)

<input type="radio"/> DEAF / HARD OF HEARING	<input type="radio"/> MENTAL DISABILITY	<input type="radio"/> RARE DISEASE (RA 10747)
<input type="radio"/> SPEECH AND LANGUAGE IMPAIRMENT	<input type="radio"/> PHYSICAL DISABILITY	
<input type="radio"/> LEARNING DISABILITY	<input type="radio"/> PSYCHOSOCIAL DISABILITY	
<input type="radio"/> INTELLECTUAL DISABILITY	<input type="radio"/> CANCER (RA 11215)	
<input type="radio"/> VISUAL DISABILITY	<input type="radio"/> DUE TO _____	

5. CAUSES OF DISABILITY:

<input type="radio"/> ACQUIRED	<input type="radio"/> CONGENITAL / INBORN
<input type="radio"/> Chronic Illness <input type="radio"/> Injury <input type="radio"/> Cerebral Palsy <input type="radio"/> Others: _____	<input type="radio"/> ADHD <input type="radio"/> Down Syndrome <input type="radio"/> Cerebral Palsy <input type="radio"/> Others: _____

6. ADDRESS:

7. CONTACT DETAILS

7a.TEL.NO.:	7b.MOBILE NO.:	7c.EMAIL ADDRESS:
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8.DATE OF BIRTH (mm/dd/yyyy)	AGE	9. SEX <input type="radio"/> M <input type="radio"/> F	10.CIVIL STATUS: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Widow/Widower <input type="radio"/> Co-habitation(live-in)	RELIGION
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11. EDUCATIONAL ATTAINMENT: School _____

12. EMPLOYMENT STATUS: Employed Unemployed Company _____

13. TYPE OF EMPLOYMENT (Please check one if employed): Private Government

14. TYPE OF EMPLOYER (Please check one if employed):
 Permanent Regular Contractual Casual Self-employed Season Emergency

15. OCCUPATION (If employed, please check one):

- Officials of Government and Special Interest,
- Organization, Corporate Executives
- Manager, Managing
- Proprietors and Supervisors
- Professional
- Technicians and Associate Professionals
- Clerks
- Service Workers and Shop and Market Sales
- Workers
- Farmers, Forestry Workers and Fishermen
- Trades and Related Workers
- Plant and Machine Operators Assemblers
- Laborers Others, specify
- Unskilled Workers

16. GSIS NO.: _____

SSS No.: _____

Pag-ibig No.: _____

PhilHealth No.:

PhilHealth Member

PhilHealth Member Dependent

17. BLOOD TYPE:

A+ A- B+ B-
 AB+ AB- O+ O- Don't know

REMARKS:

PDAO USE ONLY

Name of Certifying Physician: _____

Physician Specialties: _____

License No.: _____ **PTR No.** _____

19.FAMILY BACKGROUND	LAST NAME	FIRST NAME	MIDDLE NAME
FATHER'S NAME			
MOTHER'S NAME (MAIDEN)			
GUARDIAN'S NAME			

In case of Emergency: (THE PATIENT'S NEAREST KIN)

NAME:	Contact Number	Relationship
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20.ACCOMPLISHED THIS FORM BY:	SIGNATURE
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20a. NAME OF REPORTING UNIT
PERSONS WITH DISABILITY AFFAIRS OFFICE - City of Imus

22. REGISTRATION NUMBER

**REQUIREMENTS FOR RENEWAL / TRANSFER
(W/IN CAVITE)**

1. LATEST CERTIFICATE OF DISABILITY

(Issued by specialized doctor in the disability with PRC and PTR No.)

(to justify the medical or disability condition)

2. BARANGAY CLEARANCE

(if PWD is minor, BRGY. CLEARANCE under the name of PARENT OR GUARDIAN)

Purpose : For PWD ID Application

3. 1 PC. 1X1 PICTURE

4. SURRENDER OLD PWD I.D

REQUIREMENTS FOR NEW APPLICANT

1. LATEST CERTIFICATE OF DISABILITY

(Issued by specialized doctor in the disability with PRC and PTR No.)

(to justify the medical or disability condition)

2. BARANGAY CLEARANCE

(if PWD is minor, BRGY. CLEARANCE under the name of PARENT OR GUARDIAN)

Purpose : For PWD ID Application

3. 2 PCS. 1x1 PICTURE (PWD Itself)

4. BLOOD TYPE (OPTIONAL)

REQUIREMENTS FOR TRANSFER (OUTSIDE CAVITE)

1. LATEST CERTIFICATE OF DISABILITY

(Issued by specialized doctor in the disability with PRC and PTR No.)

(to justify the medical or disability condition)

2. BARANGAY CLEARANCE

(if PWD is minor, BRGY. CLEARANCE under the name of PARENT OR GUARDIAN)

Purpose : For PWD ID Application

**3. CANCELLATION LETTER FROM THE CITY/
MUNICIPALITY ORIGIN**

4. 1 PC. 1X1 PICTURE

REQUIREMENTS FOR LOST PWD I.D

1. AFFIDAVIT OF LOSS

2. BARANGAY CLEARANCE

(if PWD is minor, BRGY. CLEARANCE under the name of PARENT OR GUARDIAN)

Purpose : For PWD ID Application

You wish to have more information, reach us at:

Email Address: cityofimuspdao@gmail.com

Official Facebook : Pdao Imus
(Monday to Friday, 8am to 5pm)

SAMPLE FORMAT FOR CERTIFICATE OF DISABILITY

(logo of clinic or hospital)

CERTIFICATION ON DISABILITY

This is to certify that **(your name)**, resident of **(your full address)** in the **(province and region)** had voluntarily submitted himself to this facility with regard to the nature of the disability due to the functional limitation currently experienced by the herein patient.

Based on the personal interview and medical assessment conducted by herein physician, the patient has **(diagnosis)** accompanied by **(describe the health condition)** which results to difficulty in **(e.g. walking, seeing, etc.)** and therefore considered as a person with **(mention the type of disability)** as classified by the Department of Health Administrative Order No. 2009-011.

This certification is issued on **(date)** at **(place)** in compliance with the requirement in the issuance of ID for the twenty percent (20%) discount for Persons with Disabilities mandated by Republic Act No. 9442 or Magna Carta for Persons with Disabilities.

Signed

(physician's name)
(physician specialties)
(license number)
(PTR number)