

Medical Certificate (In Case of Total Permanent Disability)

1. The Patient's Name-Surname :H.N.#..... A.N.#.....

2. History of Illness :

3. Diagnosis of Disease :

4. Physical Examination Result

4.1 Muscle Power of Limb

*None of Movement =0 *Anti-Gravity Movement =3
 *Horizontal Movement =2 *Normal Power =5

Assessment Left-Side Right-Side
 Hand= Arm= Hand= Arm=
 Leg= Foot= Leg= Foot=

4.2 Muscle-Spasticity, if any, specify high, moderate, low

Left-Side Right-Side
 Hand No Yes Hand No Yes
 Arm No Yes Arm No Yes
 Leg No Yes Leg No Yes
 Foot No Yes Foot No Yes

4.3 Muscle Atrophy, if any, specify high, moderate, low

Left-Side Right-Side
 Arm No Yes Arm No Yes
 Leg No Yes Leg No Yes

4.4 Tendon Reflexes of Limb

Left-Side Right-Side
 Elbow Elbow
 Knee Joint Knee Joint
 Ankle Joint Ankle Joint

4.5 Sensation

Normal
 Senseless such as - Hurt at levelto.....
 - Touch at levelto.....

4.6 GAIT

Normal Abasia Able to walk but staggering due to Gait Ataxia
 Able to walk with supporter or walking aid due to Muscular Hypotonia
 Others

4.7 Speech

Normal Vocable but unclear
 Vocable but unclearly Audible and understandable for other person's speech but not vocable
 Not vocable and unclear audible for other's speech
 Others, specify

4.8 Deglutition of Diet

Normal Diet Choking Not Choking
 Soft Diet Choking Not Choking

4.9 Daily Self-Aid

	Able to do well	Able to do a bit	Unable to do
Eating			
Entering to toilet			
Wearing clothing			

4.10 Excretion

	Controllable	Controllable a bit	Uncontrollable
Urinating			
Defecating			

4.11 Disorder or Disease Condition of Other Organ Systems of the Body (Head, Eye, Ear, Throat, Nose and Lung, etc.)

5. According to illness condition of this patient, can the condition recovered in your opinion?

6. How many percent of the patient's loss of physical functional performance in your opinion?: Arm Leg.....

7. In current condition, can the patient primarily function? Yes No due to

8. Other opinions

Hospital Signed Examining Physician

Healing Arts Practice License No. (.....) Date