

# Philippine Registry Form for Persons With Disability

Place  
1" X 1"  
Photo  
here

REGISTRATION NUMBER:		DATE:		
LAST NAME:		FIRST NAME:		MIDDLE NAME:
<b>TYPE OF DISABILITY (Please check only one):</b> <input type="checkbox"/> Psychosocial Disability <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Orthopedic (Musculoskeletal) Disability <input type="checkbox"/> Hearing Disability <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Multiple Disabilities				
ADDRESS:				
House No. and Street	Barangay	Municipality	Province	Region
TEL. NOS.:	MOBILE NO.:	EMAIL ADDRESS:		
DATE OF BIRTH (mm/dd/yyyy):	SEX (Please check one): <input type="checkbox"/> Male <input type="checkbox"/> Female		NATIONALITY:	
<b>CIVIL STATUS (Please check one):</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated <input type="checkbox"/> Co-Habitation				
<b>EDUCATIONAL ATTAINMENT (Please check one):</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Elementary Undergraduate <input type="checkbox"/> High School <input type="checkbox"/> High School Undergraduate <input type="checkbox"/> College <input type="checkbox"/> College Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> None				
<b>EMPLOYMENT STATUS (Please check one):</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Displaced Worker <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Returning Overseas Filipino Worker				
<b>NATURE OF EMPLOYER (Please check one if employed):</b> <input type="checkbox"/> Private <input type="checkbox"/> Government				
<b>TYPE OF EMPLOYMENT (Please check one if employed):</b> <input type="checkbox"/> Contractual <input type="checkbox"/> Permanent <input type="checkbox"/> Self-Employed <input type="checkbox"/> Seasonal				
<b>TYPE OF SKILL (Please check one):</b> <input type="checkbox"/> Officials of Government and Special Interest Organizations, Corporate Executives, Managers, Managing Proprietors and Supervisors <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians and Associate Professionals <input type="checkbox"/> Clerks <input type="checkbox"/> Service Workers and Shop and Market Sales Workers <input type="checkbox"/> Farmers, Forestry Workers and Fishermen <input type="checkbox"/> Trades and Related Workers <input type="checkbox"/> Plant and Machine Operators and Assemblers <input type="checkbox"/> Laborers <input type="checkbox"/> Unskilled Workers <input type="checkbox"/> Special Occupation				
		SSS No.:		
		GSIS No.:		
		PhilHealth No.:		
		<input type="checkbox"/> PhilHealth Member <input type="checkbox"/> PhilHealth Member Dependent		
<b>ORGANIZATIONAL INFORMATION:</b>				
		Organization Affiliated:		
		Contact Person:		
		Office Address:		
		Tel. Nos.:		
		Last Name	First Name	Middle Name
FATHER'S NAME:				
MOTHER'S NAME:				
GUARDIAN'S NAME:				
ACCOMPLISHED BY:				
NAME OF REPORTING UNIT:				



**Department of Health**  
San Lazaro Compound, Sta. Cruz, Manila  
Republic of the Philippines



**PERSONS WITH DISABILITY (PWD) I.D.CARD ISSUANCE RELATIVE TO  
REPUBLIC ACT 9442**

**Requirements for PWD's Id**

- 1 x 1 Picture – 2 copies
- 2 x 2 Picture – 2 copies
- In case of orthopedic disability (pls. secure a whole body picture of the patient) – 1 copy
- Medical Certificate (Issued by Medical Doctor), or School Teacher) *for students*
- For Chronic Illness pa certify sa doctor yung naging disable o disability sa katawan ng pasyente.
- Brgy. Certification
- Duly accomplished PWD Registry form
- PWD applicant's blood type

**REQUIRED DOCUMENTS (to confirm the medical condition of Applicants)**

<b>DISABILITY</b>	<b>DOCUMENT</b>	<b>ISSUING ENTITY</b>
Apparent Disability	Medical Certificate	Licensed Private or Government Physician
	School Assessment	Licensed Teacher duly signed by the School Principal
	Certificate of Disability	<ul style="list-style-type: none"> <li>• Head of Business Establishment</li> <li>• Head of Non-Government Organization</li> </ul>
Non- Apparent Disability	Medical Certificate	Licensed Private or Government Physician

**TYPES OF DISABILITIES**  
(Based on International Standards)

- Psychosocial Disability
- Mental Disability
- Hearing Disability
- Chronic Illness with disability ( pls. specify what particular disability)
- Visual Disability
- Speech Impairment
- Learning Disability
- Orthopedic (Musculoskeletal Disability)
- Multiple Disabilities