



DEPARTMENT OF HEALTH
Philippine Registry For Persons with Disabilities Version 4.0
Application Form

1. <input type="radio"/> NEW APPLICANT		<input type="radio"/> RENEWAL *		Place 1"x1" Photo Here	
2. PERSONS WITH DISABILITY NUMBER (RR-PPMM-BBB-NNNNNNN) *			3. DATE APPLIED: *(mm/dd/yyyy)		
4. PERSONAL INFORMATION *					
LAST NAME: *		FIRST NAME: *	MIDDLE NAME: *		SUFFIX: *
5. DATE OF BIRTH: *(mm/dd/yyyy)			6. SEX: * <input type="radio"/> MALE <input type="radio"/> FEMALE		
7. CIVIL STATUS: * <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Cohabitation (live-in) <input type="radio"/> Married <input type="radio"/> Widow/er					
8. TYPE OF DISABILITY: * <input type="checkbox"/> Deaf or Hard of Hearing <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Physical Disability(Orthopedic)			Psychosocial Disability Speech and Language Impairment Visual Disability Cancer(RA11215) Rare Disease(RA10747)		9. CAUSE OF DISABILITY: * <input type="checkbox"/> Congenital / Inborn <input type="checkbox"/> ADHD <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Others, Specify: _____
Acquired <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Injury <input type="checkbox"/> Others, Specify: _____					
10. RESIDENCE ADDRESS * House No. and Street: * Barangay: * Municipality: * Province: * Region: *					
11. CONTACT DETAILS Landline No.: Mobile No.: E-mail Address:					
12. EDUCATIONAL ATTAINMENT: * <input type="radio"/> None <input type="radio"/> Kindergarten <input type="radio"/> Elementary <input type="radio"/> Junior High School			Senior High School College Vocational Post Graduate		14. OCCUPATION: * <input type="radio"/> Managers <input type="radio"/> Professionals <input type="radio"/> Technicians and Associate Professionals <input type="radio"/> Clerical Support Workers <input type="radio"/> Service and Sales Workers <input type="radio"/> Skilled Agricultural, Forestry and Fishery Workers <input type="radio"/> Craft and Related Trade Workers <input type="radio"/> Plant and Machine Operators and Assemblers <input type="radio"/> Elementary Occupations <input type="radio"/> Armed Forces Occupations <input type="radio"/> Others, specify: _____
13. STATUS OF EMPLOYMENT: * <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Self-employed		13 b. TYPES OF EMPLOYMENT: * <input type="radio"/> Permanent / Regular <input type="radio"/> Seasonal <input type="radio"/> Casual <input type="radio"/> Emergency			
13 a. CATEGORY OF EMPLOYMENT: * <input type="radio"/> Government <input type="radio"/> Private					
15. ORGANIZATION INFORMATION: Organization Affiliated: Contact Person: Office Address: Tel. Nos.:					
16. ID REFERENCE NO.: SSS NO.: GSIS NO.: PAG-IBIG NO.: PSN NO.: PhilHealth NO.:					
17. FAMILY BACKGROUND:		LAST NAME		FIRST NAME	
FATHER'S NAME:					
MOTHER'S NAME:					
GAUARDIAN'S NAME :					
18. ACCOMPLISHED BY: * <input type="radio"/> APPLICANT <input type="radio"/> GUARDIAN <input type="radio"/> REPRESENTATIVE		LAST NAME		FIRST NAME	
19. NAME OF CERTIFYING PHYSICIAN: LICENSE NO.:					
20. PROCESSING OFFICER: *					
21. APPROVING OFFICER: *					
22. ENCODER: *					
23. NAME OF REPORTING UNIT(OFFICE/SECTION) :*					
24. CONTROL NO.: *					

Revised as of August 1, 2021