

LOGO OF LGU

CERTIFICATE OF APPARENT DISABILITY

Based on the personal interview and assessment conducted by the undersigned during the processing of application for PWD-IDC, the applicant, (_____ name _____), a residence of (_____ address _____) is found to have apparent

- Orthopedic Disability
- Physical Disability
- Speech and Language Impairment
- Visual Disability

as classified by the Department of Health Administrative Order No. XXXX-XXXX.

This certification is issued on (date) at (place) in compliance with the requirement in the issuance of PWD-IDC for the benefits and privileges of persons with disabilities as mandated by Republic Act. Nos. 9442, 10754, 11215, 10747 and related laws.

Prepared by:

Processing Officer/Staff

Approved by:

Approving Officer