36B.

PDF UPLOAD

P.3, r.45(2)(b) FJ(G)R2024

## Physical Capacity Assessment Report (VAA)

*Assessment for Physical Infirmity/Disability/Incapacity of an Individual*

### Section 1: Individual’s Particulars

|  |  |
| --- | --- |
| **Name** (as in NRIC): | Enter name here |
| **Gender**: | Male  Female |
| **NRIC / FIN / Passport No**.: | NRIC (Pink) Enter NRIC no. here  NRIC (Blue) Enter NRIC no. here  FIN Enter FIN no. here  Passport Enter passport no. here  Others [If others, please specify. Please also include identification no.] |
| **Date of Birth**: | Enter date of birth here |
| **Place of Assessment**: | Enter location here |
| **Date of Assessment**: | Enter date of assessment here |

### Section 2: Assessor’s Particulars

|  |  |
| --- | --- |
| **Name** (as in NRIC): | Enter name here |
| **MCR/SRP No.**: | Enter MCR/SRP no here |
| **Contact No.**: | Enter contact no here |
| **Designation and Department**: | Enter Designation/Department here |
| **Assessor’s qualifications and experience in assessing mental capacity**: | Enter details here |
| **Hospital / clinic / organisation and address**: | Enter details here |
| **Engagements with VA:** | I have been seeing the VA regularly over a period of time.  Date of first consultation/assessment: Enter date here  Frequency of consultation/assessment: Enter details here  Date of last examination/assessment: Enter date here  I am seeing the VA for this assessment only. |

### Section 3: Individual’s Medical Information

|  |  |
| --- | --- |
| **Past medical history (if any)**: | Date of assessment: Enter date here  Source of information[[1]](#footnote-1):  Medical records/report – please specify doctor & clinic/hospital: Enter details here  Vulnerable adult  Others – please specify name & relationship: Enter details here |
| **Current Diagnosis**: | Please state nature of physical conditions and/or disabilities the individual is suffering from |
| **Basis of opinion**: | Enter details of supporting information/ clinical observations |

### Section 4: Any Other Information / Remarks

|  |
| --- |
| Enter details here |

### Section 5: Declaration

|  |
| --- |
| I believe in the correctness of the assessment set out herein.  I do not have any family members or friends who have any interest (financial or otherwise) in any matter concerning the person to whom the application relates.  I understand that this report may be used for the purpose of an application for a Court order under the Vulnerable Adults Act 2018.  The assessment is only for decisions covered under this form and cannot be used for any other transactions or purposes at present or in future, whether or not related to the Vulnerable Adults Act 2018.  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Select the applicable option(s). [↑](#footnote-ref-1)