

MEDICAL CERTIFICATE

Department of Social Services-North Western Province

(Ministry of Social Welfare, Probation & Childcare, women's Affairs, Rural Industries
Development and Rural Development – N.W.P)

SPECIAL DISEASE / CHRONIC KIDNEY DISEASE FINANCIAL ASSISTANCE

Name of applicant

Usual Address of Residence:

Age: Male /Female:

Name of Clinic / Govt. Hospital:

Diagnosis, Treatment, Medical Officer's Opinion and Recommendation (percentage of impairment of
earning capacity):
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Chronic kidney Disease Assistance, whether Haemodialysis carried out or not:
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Date of Issue: Name , Rank, Designation and Signature of Consultant/ Medical Officer.