

Exclusion from Motor Vehicle Financing Restrictions by Monetary Authority of Singapore

This assessment is part of the application for exclusion from motor vehicle financing restrictions by the Monetary Authority of Singapore. The eligibility criteria is that the loan applicant (i) has a permanent physical disability and (ii) fit and safe to drive if he is a driver.

MEDICAL ASSESSMENT

(if no patient's sticky label)

Name of Person : _____

Assessed

NRIC/BC : _____

Patient's Sticky Label

(where applicable)

Section A: Medical History

1. Does the person have a physical disability? (if no, NO NEED to proceed further with assessment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. State the physical disabilities experienced by the person 	<input type="checkbox"/> Arm weakness (Left / Right / Both)	
	<input type="checkbox"/> Leg weakness (Left / Right / Both)	
	<input type="checkbox"/> Loss/ deformity of limbs	
	Other physical disability (please specify) _____	

3. Is the physical disability permanent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. State the medical condition(s) that have caused the physical disability. Please tick one only.

	Date of onset		Date of onset		Date of onset
<input type="checkbox"/> Cerebral palsy		<input type="checkbox"/> Osteogenesis imperfecta		<input type="checkbox"/> Stroke	
<input type="checkbox"/> Spina bifida		<input type="checkbox"/> Muscular dystrophy		<input type="checkbox"/> Others (Please specify) _____	
<input type="checkbox"/> Poliomyelitis					

5. Does the person have any history or problems of the following? Please tick accordingly.

	Cardiac / Pulmonary Systems	Yes	No		Vision-hearing	Yes	No
1	Shortness of breath at rest or on lying flat			13	Eye trouble of any kind (eg. cataracts, glaucoma, strabismus)		
2	Asthma / bronchitis / COPD			14	Colour blindness		
3	High blood pressure			15	Difficulty seeing in the dark		
4	Heart attack / disease			16	Deafness		
5	Chest pain on exertion or at night			Endocrine System			
	Neuro / Musculo-skeletal System			17	Diabetes		
6	Psychiatric Illness			18	Thyroid Disease		
7	Severe headaches or migraine			19	Surgical Operations		
8	Stroke / TIA			20	Any relevant medical problems or injuries not mentioned above		
9	Epilepsy or fits of any kind / faints						
10	Head injury or concussions						
11	Muscle disease or weakness						
12	Arthritis / joint disease / numbness in hands and fingers						

Section B: Activities of Daily Living (This assessment must be conducted on actual person.)

6. Does the person assessed need a mobility aid when travelling outdoors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If "Yes", please indicate the main mode of mobility used:		
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Prosthesis/ Orthotic	<input type="checkbox"/> Crutches
<input type="checkbox"/> Walking frame	<input type="checkbox"/> Quad stick	<input type="checkbox"/> Others (please specify) _____

8. Test
 Score as the lowest or most assistance required for the ADL or ADL subcomponent if performance on that ADL fluctuates. First decide if subject is Independent (L₁), or Dependent. If dependent, **score amount of dependency required (L₂, L₃ or L₄)**

	L ₁ Independent	L ₂ Minimal to Moderate Assistance	L ₃ Maximal Assistance	L ₄ Total Assistance	Permanently L ₃ or L ₄	Remarks
			Expected to deteriorate to L ₃ /L ₄ within 3 months			

Mobility (Ability to move indoors from room to room on level surfaces)

Test patient's ability to move General guide: L ₂ : Requires minimal to moderate assistance to move. L ₃ : Requires maximal assistance to move. L ₄ : Requires total assistance to move. (same applies for patient using special adaptive equipment)			Yes / No*			Yes / No*	
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* Delete where appropriate.

Notes:

L₁ : **Independent** means that the ADL is performed independently **without** a helper. This is regardless of special adaptive equipment used.

L₂ to L₄ means that the ADL **requires** a helper. These are the **Dependent** categories:

L₂: **Minimal to Moderate Assistance** means hands-on assistance of the ADL is required up to 74% of the time.

L₃: **Maximal Assistance** means hands-on assistance for the ADL is required for ≥ 75% of the time.

L₄: **Total Assistance** is when 100% hands-on assistance is required.

Section C: Doctor's Declaration

I confirm that the assessment done for the above applicant is true and correct to my best knowledge. I am aware that the assessment for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant, or if any other requirement needed for the exclusion has not been met.

 Name and Signature of Assessor

 Stamp of clinic / hospital

 Date

 Tel / Fax Nos.

To complete only if person assessed is intending to drive (please tick where relevant)

I assessed the applicant as

☐ Permanently physically disabled and medically FIT to drive safely on the public roads.

Results of Driving Assessment and Rehabilitation Programme:

☐ PASSED

☐ FAILED

☐ NOT NECESSARY to undergo Driving Assessment and Rehabilitation Programme

☐ Medically UNFIT to drive; the assessment ends here. No need to proceed to Driving Assessment and Rehabilitation Programme.

 Name and Signature of TTSH
 Rehab Physician

 Stamp of clinic / hospital

 Date

 Tel / Fax Nos.