

## ANNEXURE B

### Medical Certificate

Date: \_\_\_\_\_ OPD NO. \_\_\_\_\_

Name of the Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ LD No.: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

School's Name: \_\_\_\_\_ Class Studying in \_\_\_\_\_

Psychological Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

ISC Verbal IQ: \_\_\_\_\_ Performance IQ: \_\_\_\_\_ Global IQ: \_\_\_\_\_

Interpretation: \_\_\_\_\_

KBI Performance IQ: \_\_\_\_\_

Educational Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

Dyslexia, Dysgraphia, Dyscalculia, Slow Learner, Intellectual Disability, Autistic ADHD

Diagnostic: \_\_\_\_\_

### Recommendations

1. Remedial Education
2. Treatment for ADD/ADHD
3. Provisions
  - a.
  - b.
  - c.
  - d.

Signature of the Doctor with seal