

**Philippine Registry Form for Persons With Disability
Ver. 2.0**

*Place
1" X 1"
Photo
here*

| | | | | | | | | |
|--|--|------------------|---|-------------------|--|---|--|--------|
| 1. PWD NUMBER: | | | | 2. DATE: | | | | |
| 3. LAST NAME: | | | FIRST NAME: | | | MIDDLE NAME: | | |
| 4. TYPE OF DISABILITY: <input type="radio"/> Psychosocial Disability <input type="radio"/> Disability due to Chronic Illness <input type="radio"/> Learning Disability <input type="radio"/> Mental/Intellectual <input type="radio"/> Visual Disability <input type="radio"/> Orthopedic (Musculoskeletal) Disability <input type="radio"/> Hearing Disability <input type="radio"/> Speech Impairment <input type="radio"/> Multiple Disabilities, specify _____ | | | | | | | | |
| 5. CAUSES OF DISABILITY: <input type="radio"/> Congenital/inborn <input type="radio"/> Illness <input type="radio"/> Injury | | | | | | | | |
| 6. ADDRESS: | | | | | | | | |
| House No. and Street | | Barangay | | Municipality | | Province | | Region |
| 7. CONTACT DETAILS: | | | | | | | | |
| 7a. TEL. NOS.: | | | 7b. MOBILE NO.: | | | 7c. EMAIL ADDRESS: | | |
| 8. DATE OF BIRTH (mm/dd/yyyy): | | | 9. SEX: <input type="radio"/> Male <input type="radio"/> Female | | | 10. CIVIL STATUS: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow/er <input type="radio"/> Separated <input type="radio"/> Co-habitation (Live-in) | | |
| 11. EDUCATIONAL ATTAINMENT: <input type="radio"/> Elementary Undergraduate <input type="radio"/> Elementary Graduate <input type="radio"/> High School Undergraduate <input type="radio"/> High School Graduate <input type="radio"/> College Undergraduate <input type="radio"/> College Graduate <input type="radio"/> Post Graduate <input type="radio"/> Vocational <input type="radio"/> None | | | | | | | | |
| 12. EMPLOYMENT STATUS: <input type="radio"/> Employed <input type="radio"/> Unemployed | | | | | | | | |
| 13. TYPE OF EMPLOYMENT (Please check one if employed): <input type="radio"/> Private <input type="radio"/> Government | | | | | | | | |
| 14. TYPE OF EMPLOYER (Please check one if employed): <input type="radio"/> Permanent <input type="radio"/> Regular <input type="radio"/> Contractual <input type="radio"/> Casual <input type="radio"/> Self-Employed <input type="radio"/> Seasonal <input type="radio"/> Emergency | | | | | | | | |
| 15. OCCUPATION: (Please check one): <input type="radio"/> Officials of Government and Special Interest Organizations, Corporate Executives, Managers, Managing Proprietors and Supervisors <input type="radio"/> Professionals <input type="radio"/> Technicians and Associate Professionals <input type="radio"/> Clerks <input type="radio"/> Service Workers and Shop and Market Sales <input type="radio"/> Workers <input type="radio"/> Farmers, Forestry Workers and Fishermen <input type="radio"/> Trades and Related Workers <input type="radio"/> Plant and Machine Operators and Assemblers <input type="radio"/> Laborers <input type="radio"/> Unskilled Workers <input type="radio"/> Not Applicable <input type="radio"/> Others, specify _____ | | | | | 16. ID Reference No. | | | |
| | | | | | SSS No.: | | | |
| | | | | | GSIS No.: | | | |
| | | | | | Pag-ibig No.: | | | |
| | | | | | PhilHealth No.: | | | |
| | | | | | <input type="radio"/> PhilHealth Member <input type="radio"/> PhilHealth Member Dependent | | | |
| 17. BLOOD TYPE: | | | | | | | | |
| <input type="radio"/> A+ <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B- <input type="radio"/> AB+ <input type="radio"/> AB- <input type="radio"/> O+ <input type="radio"/> O- | | | | | | | | |
| 18. ORGANIZATION INFORMATION: | | | | | | | | |
| Organization Affiliated: | | | | | | | | |
| Contact Person: | | | | | | | | |
| Office Address: | | | | | | | | |
| Tel. Nos.: | | | | | | | | |
| 19. FAMILY BACKGROUND: | | Last Name | | First Name | | Middle Name | | |
| FATHER'S NAME: | | | | | | | | |
| MOTHER'S NAME: | | | | | | | | |
| GUARDIAN'S NAME: | | | | | | <i>(optional)</i> | | |
| 20. ACCOMPLISHED BY: | | | | | | | | |
| 20a. NAME OF REPORTING UNIT: | | | | | | | | |
| 21. REGISTRATION NUMBER: | | | | | | | | |



Department of Health
San Lazaro Compound, Sta. Cruz, Manila
Republic of the Philippine

