

## V. CERTIFICATION OF MEDICAL NEED FORM

### Important Notes:

- The Assessor (i.e. Registered Doctor, Occupational Therapist (OT)) must complete all fields and countersign against any amendments and/or ambiguity made on the mobility scooter certification. Failure to do so will deem the mobility scooter certification as incomplete.
- The Assessor may refer to the guidelines for Assessment for Mobility Scooter (AMS) issued by MOH to assess Applicant's medical need for a mobility scooter<sup>5</sup>.
- **The final assessor (i.e. doctor and OT) should complete this form for Applicants who pass the medical needs assessment and competency assessment respectively (including all Seniors' Mobility and Enabling Fund (SMF) Applicants, regardless of their age).**
- The form need not be submitted for exempted users<sup>6</sup> and Applicants who do not have a medical need for an MS. However, if Applicants in the latter group insist that the form be submitted, the Assessor can do so and should indicate that the Applicant has no medical need for MS. The Assessor should inform Applicants of the outcome of their assessment.

### Section A – Particulars of Applicant

1	Full NRIC/FIN	
2	Name as in NRIC/FIN	
3	Mobile / Home Number	

### Section B – Certification of Medical Need

To qualify for a mobility scooter, the Assessor should take into account any underlying condition requiring the use of the device.

1. Does the Applicant have a medical need for a mobility scooter?
  - Yes (Proceed to answer Q2 & Q3)
  - No (End of Certification Process – Applicant does not qualify for an MS)

<sup>5</sup> Including manual wheelchairs with motorised attachments steered by handlebars.

<sup>6</sup> A. All seniors aged 70 and above; or

B. Beneficiaries of subsidised mobility scooters from the Seniors' Mobility and Enabling Fund (SMF) before 27 February 2026; or

C. All existing and prospective beneficiaries of the Assistive Technology Fund (ATF) who obtained Government-subsidised MSes; or

D. Past and future applicants of the MOH disability schemes, who have been assessed with Activities of Daily Living (ADL) needs in either 'Mobility' or 'Transferring' via the Functional Assessment Report (FAR) or Severe Disability Assessment (SDA).

Individuals who wish to apply for Government-subsidised MSes under the SMF on or after 27 February 2026 will be required to undergo the AMS, which will replace other medical assessments previously required for SMF application. The Certificate of Medical Need under AMS will fulfil the medical assessment requirements under SMF.

2. Please indicate the Applicant's estimated period of reliance on the mobility scooter.

- Long-term (As a general guide, user's medical condition that will persist for  $\geq 6$  months and that will **not** fully recover or resolve can be considered long-term.)
- Temporary: \_\_\_\_\_ months (If the Applicant has a condition under Q1 that will fully recover or resolve after 6 months, it is not considered long-term. Select 'Temporary' and specify the duration for which the mobility scooter is needed.)

3. Does the Applicant meet any of the following criteria requiring a mobility scooter beyond the allowable dimensions on public paths?

*(NB: Maximum width of 70cm, maximum length of 120cm, maximum height of 150cm)*

Criteria:

- **Obesity** exceeding standard mobility scooter limits (user weight more than 135kg),  
OR
- **Body Structure:** For example, a larger body frame (e.g. long legs, wide hips) exceeding standard mobility scooter limits (user weight not more than 135kg)

In cases where an applicant does not meet any of the above criteria but demonstrates a need for a larger mobility scooter, the Assessor may exercise discretion and conduct a case-by-case assessment.

- Yes
- No

For Assessor

By signing the form below, I have carefully considered the statements made above and they are, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Name & Signature of Assessing  
Medical Professional

\_\_\_\_\_  
MCR/AHPC No. of Assessing Medical  
Professional

\_\_\_\_\_  
Clinic / Hospital Stamp

\_\_\_\_\_  
Date of Assessment

**FOR ONLINE FORM ONLY**

Applicant's Email (Optional): \_\_\_\_\_