

The purpose of this form is to assess that the person needing assessment has needs for a motorised device, in order to apply for subsidy under the Seniors' Mobility and Enabling Fund (SMF).

TO BE COMPLETED BY A DOCTOR REGISTERED WITH THE SINGAPORE MEDICAL COUNCIL

DOCTOR'S CERTIFICATION - FOR NEED OF A MOTORISED DEVICE

Name of Person Needing Assessment: _____

Sticky Label of Person Needing Assessment

NRIC of Person Needing Assessment: _____

Doctor's Assessment

1. Does the person needing assessment require the use of a motorised device due to the medical condition? If you have ticked "Yes" below, please proceed to Question 2 & 3.
 Yes No
2. Due to the medical condition in Q1, the person assessed will require the motorised device for at least 3 months?
 Yes No
3. Does the person needing assessment has any condition that will affect the operation of a motorised device?
 Yes No
4. Any additional information relating to the person's application for a motorised device.

Doctor's Declaration and Signature

Please tick one only:

The Person Needing Assessment is **not related to me**.

The Person Needing Assessment is **related to me**, or otherwise known to me outside my capacity as a registered healthcare professional. I declare that the Person Needing Assessment is my family member or relative / friend / employer / employee / others*(please elaborate: _____). *Please delete accordingly.

Declaration

I have assessed the Person Needing Assessment and confirm that the information in this form is true and correct to the best of my knowledge.

Name Stamp, Registration No. & Signature of Doctor	Stamp of Organisation / Clinic / Hospital	Date	Tel No.

Important Note: Any amendment(s) made must be signed by Doctor and affix the official stamp of the organisation / clinic / hospital, failing which, the form will be deemed incomplete and may be rejected.