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

Philippine Registry Form for Persons With Disability

Place 1" X 1" Photo here

REGISTRATION NUMBER:		**DATE:**	

LAST NAME:	**FIRST NAME:**	**MIDDLE NAME:**

TYPE OF DISABILITY *(Please check only one)*:

☐ Psychosocial Disability ☐ Hearing Disability ☐ Speech Impairment
☐ Mental Disability ☐ Visual Disability ☐ Orthopedic (Musculoskeletal) Disability

ADDRESS:

House No. and Street	**Barangay**	**Municipality**	**Province**	**Region**

TEL. NOS.:		**MOBILE NO.:**		**EMAIL ADDRESS:**	

DATE OF BIRTH (*mm/dd/yyyy*):	**SEX *(Please check one)*:**	**NATIONALITY:**
	☐ Male ☐ Female	

CIVIL STATUS *(Please check one)* :

☐ Single ☐ Married ☐ Widow/er ☐ Separated ☐ Co-Habitation

EDUCATIONAL ATTAINMENT *(Please check one):*

☐ Elementary ☐ Elementary Undergraduate ☐ High School
☐ High School Undergraduate ☐ College ☐ College Undergraduate
☐ Graduate ☐ Post Graduate ☐ Vocational ☐ None

EMPLOYMENT STATUS *(Please check one):*

☐ Employed ☐ Unemployed ☐ Displaced Worker
☐ Resigned ☐ Retired ☐ Returning Overseas Filipino Worker

NATURE OF EMPLOYER (*Please check one if employed):*

☐ Private ☐ Government

TYPE OF EMPLOYMENT (*Please check one if employed*):

☐ Contractual ☐ Permanent ☐ Self-Employed ☐ Seasonal

TYPE OF SKILL (*Please check one*):

☐ Officials of Government and Special Interest Organizations, Corporate Executives, Managers, Managing Proprietors and Supervisors
☐ Professionals
☐ Technicians and Associate Professionals
☐ Clerks
☐ Service Workers and Shop and Market Sales Workers
☐ Farmers, Forestry Workers and Fishermen
☐ Trades and Related Workers
☐ Plant and Machine Operators and Assemblers
☐ Laborers
☐ Unskilled Workers
☐ Special Occupation

SSS No.:	
GSIS No.:	
PhilHealth No:	

☐ PhilHealth Member
☐ PhilHealth Member Dependent

ORGANIZATIONAL INFORMATION:

Organization Affiliated:	
Contact Person:	
Office Address:	
Tel. Nos.:	

	Last Name	**First Name**	**Middle Name**
FATHER'S NAME:			
MOTHER'S NAME:			
GUARDIAN'S NAME:			
ACCOMPLISHED BY:			
NAME OF REPORTING UNIT:			