



National Registration Number: _____

GOVERNMENT OF BARBADOS

NATIONAL DISABILITIES UNIT

MEDICAL REGISTRATION FORM

This is to certify that I have seen and examined

..... of

for the purpose of the **TRIDENT** National ID Card. It is my professional

opinion that he/she has the following disabling condition (s):

✓ Tick appropriately:

- Sensory Functions (Vision, Hearing, etc.)
- Voice and Speech Functions
- Breathing or Blood Related Functions
- Digestion and Metabolism Functions
- Urinary or Reproductive Functions
- Movement Functions
- Skin Related Functions
- Mental Functions

Give a brief description of disability.

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Signature and Business Stamp

Medical Registration Number

Date

"Maxwelton", Collymore Rock, St. Michael, BB11115· Barbados, West Indies · Tel. No(s). (246) 535-3600

Fax No. (246) 535-3618· E-Mail: ndu.registration@barbados.gov.bb