

Complete only if patient is in the condition of Total Permanent Disability (TPD)

<p>I. Level of consciousness</p> <p><input type="checkbox"/> full consciousness</p> <p><input type="checkbox"/> Semi-Coma</p>	<p><input type="checkbox"/> Confusion</p> <p><input type="checkbox"/> Coma</p>
<p>II. Muscle power</p> <p>5: active movement against full resistance (normal strength)</p> <p>4: active movement against gravity and some resistance</p> <p>3: active movement against gravity</p> <p>2: active movement with gravity eliminated</p> <p>1: trace movement or barely detectable contraction</p> <p>0: no muscular contraction identified</p>	<p>a. Right Upper Limb <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>b. Left Upper Limb <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>c. Right Lower Limb <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>d. Left Lower Limb <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>
<p>III. Muscle atrophy</p>	<p>a. Right Upper Limb <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Left Upper Limb <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Right Lower Limb <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Left Lower Limb <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IV. Activities of daily living</p>	<p>a. Ambulating <input type="checkbox"/> Do it yourself <input type="checkbox"/> Do with assistant <input type="checkbox"/> Can't do at all</p> <p>b. Bathing and showering <input type="checkbox"/> Do it yourself <input type="checkbox"/> Do with assistant <input type="checkbox"/> Can't do at all</p> <p>c. Dressing <input type="checkbox"/> Do it yourself <input type="checkbox"/> Do with assistant <input type="checkbox"/> Can't do at all</p> <p>d. Continence: The ability to control bladder <input type="checkbox"/> Do it yourself <input type="checkbox"/> Do with assistant <input type="checkbox"/> Can't do at all</p>
<p>V. Physical performance Percentage of patients lost their physical function.</p>	<p>a. Arms _____ %</p> <p>b. Legs _____ %</p>
<p>VI. Eye examination</p> <p>- Visual Acuity</p> <p>- Visual Field</p> <p>- Fundoscopy eyeground</p>	<p>a. Right Eye</p> <p>b. Left Eye</p> <p>a. Right Eye</p> <p>b. Left Eye</p> <p>a. Right Eye</p> <p>b. Left Eye</p>

Regarding to assessment above:

- Above mentioned limbs/eyes can be recovered with proper treatment
- Above mentioned limbs/eyes can be recovered less than 50% with proper treatment
- Above mentioned limbs/eyes are total and irrecoverable loss of the use/sight or Total Permanent Disability

Another reason linked to complete and permanent death or impairment

Suicide or murder:

Wrong Right please specify here: _____

Are patients under the influence of alcohol or drug use?

Wrong Right please specify here: _____

Conclusion: _____

Date: _____

Physician's Signature or Thumbprint

Agreed by (Director of Hospital/Clinic) _____ Date: _____