



Note: All answers must be in the physician's handwriting

Patient Information

Name of Patient: AZRA AKHTAR Date of Birth: 23-04-1997
Patient's Address: Killi Habib Kaachi bagy - Dakhana Saryab Tehsil District Quetta

Employer Information

Name of Employer: CHP Training and Consulting Pvt Limited Quetta

I. History

(a) Date doctor first consulted due to disability: 21-Aug-2024
(b) Date symptoms first appeared or accident happened: 21-Aug-2024
(c) Date patient ceased work because of disability: Work not ceased
(d) Has patient ever had same or similar condition? No Yes, state when and describe
(e) Is condition due to injury or sickness arising out of patient's employment? No Yes, state when and describe
(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident?
Name of Doctor: _____ Mobile No: _____
Address: Bolan medical complex.

2. Diagnosis

(a) Date symptoms first appeared or accident happened: 21-Aug-2024
(b) Diagnosis (including any complications): Dog Bite (Antirabies)
(c) Subjective symptoms: Pain in Leg & Sickness
(d) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings):
(1) Clinical Findings: _____
(2) Diagnosis Studies and results: _____

3. Progress

(a) Patient is Ambulatory Bed Confined House Confined Hospital Confined
(b) Patient has Recovered Improved Stabilized Retrogressed

4. Prognosis

(a) Is the disability presumed to be reversible? Yes No
(b) Is patient now capable of performing duties of _____? Yes No
(c) What duties of his or her job is patient incapable of performing? She can perform field duties.
(d) Do you expect a fundamental or marked change in future? Yes No
If yes, patient should recover sufficiently to perform duties on or about _____
If No, Please explain: She is recovered and completed her antirabies course
(e) Specify the date by which you presume that the patient will be able to resume his duties/work
 Totally Partially Temporarily Permanently

Remarks

Declaration: I hereby declared that the above statements are true and complete to the best of my knowledge.

Attending Physician's Name: DR MAHAMMAD JAFFAR Telephone No: _____
Address: _____
Specialty: _____
Date: _____
Signature: Dr. Muhammad Jaffar
Chief Medical Officer
SPH Casualty Quetta

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