PAK-QATAR FAMILY TAKAFUL
Together for the Future

Physician's Statement – DS2 (Disability Claim Form)

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

Patient Information

Name of Patient: Muhammad Asif	Date of Birth: 18-02-2000
Patient's Address: Guldara Bagicha, Chaman	

Employer Information

Name of Employer:

1. History

(a) Date doctor first consulted due to disability: 21-09-2024

(b) Date symptoms first appeared or accident happened: 14-09-2024

(c) Date patient ceased work because of disability: 14-09-2024

(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 14-09-2024 (Accidental injury)

(f) Name the first doctor with full address, consulted by the claimant for the above disability/accident

Name of Doctor: Dr Mansoor Khan Achakzai Mobile No: 0826-613115

Address: plot # 1254 Tara Singh Street Khushi Muhammad Road Chaman

2. Diagnosis

(a) Date symptoms first appeared or accident happened: 14-09-2024

(a) Diagnosis (including any complications): ACL & post horn of the med. meniscus tear.

(c) Subjective symptoms

(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings)

(1) Clinical Findings: Mild joint (knee) effusion with ACL & Meniscus tear

(2) Diagnosis Studies and results: joint stiffness with soft tissue injury.

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 reversable ☑ Yes ☐ No

(a) Is patient now capable of performing duties of ☑ Yes ☐ No

(c) What duties of his or her job is patient incapable of performing? Outting activities prohibited.

(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: Because, it is recoverable injury.

(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. Mansoor Khan Achakzai	Telephone No: 0826-613115
Address: plot # 1254 Tara Singh Street Khushi muhammad road, Chaman	
Specialty: MS in (SPT physical therapy)	Date: 21-09-2024

(F.O.O)

PAK-QATAR FAMILY TAKAFUL LIMITED
102-105, Business Arcade, Block-6, P.E.C.H.S. Shahra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-162)
Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk

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