



# Physician's Statement – DS2 (Disability Claim Form)

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

## Patient Information

CNIC 54401-6789665-6

Name of Patient Shakeen Ghulam Mustafa Date of Birth 12-3-1995

Patient's Address \_\_\_\_\_

## Employer Information

Name of Employer \_\_\_\_\_

## 1. History

(a) Date doctor first consulted due to disability 24 Feb 2025

(b) Date symptoms first appeared or accident happened Burn

(c) Date patient ceased work because of disability Yes

(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 Burn

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

Name of Doctor DR. SURJEET KUMAR Mobile No 0336-8172292

Address Doctors Hospital Patel Road QTA

## 2. Diagnosis

(a) Date symptoms first appeared or accident happened Skin Burned

(a) Diagnosis (including any complications) Burn

(c) Subjective symptoms \_\_\_\_\_

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

(1) Clinical Findings Eroded skin / Burned skin

(2) Diagnosis Studies and results: Burn

## 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

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

(c) What duties of his or her job is patient incapable of performing? Pain & Burning impairs her performance

(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 After two weeks

If No, Please explain probably

(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. Surjeet Kumar Telephone No 0336-8172292

Address Doctors Hospital Patel Road Date 19 MAR 2025

Specialty Consultant Dermatologist

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