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	Anam UN Nisa	Date of Birth	2-2-2000
Patient's Address	Sherpao colony Landhi Karachi		

Employer Information

Name of Employer	

1. History while coming to TSC, got hit by a vehicle near and got Injured.

(a) Date doctor first consulted due to disability
(b) Date symptoms first appeared or accident happened
(c) Date patient ceased work because of disability
(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	Dr. Kanwal	Mobile No	0310-2830215
Address	Sherpao colony Landhi Karachi.		

2. Diagnosis

(a) Date symptoms first appeared or accident happened 03/08/2024
(a) Diagnosis (including any complications) Injury, Head & foot Injury.
(c) Subjective symptoms
(d) Objective findings (including current X-rays, ECG's, Labortory data any clinical findings):
(1) Clinical Findings X-rays. CBC, CT-Scan.
(2) Diagnosis Studies and results: 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? – Can't walk.
(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 –
(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. Kanwal.
Address Quaidabad Medical Centre
Speciality –
Telephone No 0310-2830215
Date –
Signature

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