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	waheed Ahmed	Date of Birth	10-10-1990
Patient's Address	Kili Sar Khanzai Union Council Dubrkanzai-2 Pishin		

Employer Information

Name of Employer	waheed Ahmed

1. History

(a) Date doctor first consulted due to disability ____

(b) Date symptoms first appeared or accident happened 11- Mar-2024

(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. Nisar Ahmed	Mobile No	0333-7792044
Address	D. H. Q Pishin		

2. Diagnosis

(a) Date symptons first appeared or accident happened 11- Mar-2024

(a) Diagnosis (including any complications) ____

(c) Subjective symptoms

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

(1) Clinical Findings Hands, Feet, Head, Knee, body, Shoulders,

(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 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? ____

(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. NISAR Ahmed	Telephone No	03337792044
Address	THQ pish	Date	____
Speciality	Surgery	Signature	Dr. Nisar Ahmed Pirzada MBBS, FCPS General Surgeon

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