



COOPERATIVE INSURANCE SYSTEM OF THE PHILIPPINES

No. 80 Malakas Street, Pinyahan, Central District, Quezon City

Tel No. 923-0739 / 436-2590 Fax No. 924-0471

TOTAL AND PERMANENT DISABILITY FORM

1 To date, how long has been the patient suffering from the injury? :

2 Is the acquired injury expected to last for six (6) months and more? If yes, kindly state reason. :

3 After sustaining the injury, is there any possibility of recovery? :

4 Does the patient's ability to engage in substantial gainful activity (a level of work performed for pay or profit that involves doing significant physical or mental activity, or a combination of both) has been affected by the injury acquired? If yes, in what way? :

5 With the acquired injury, can the patient still work in relation to his obtained education, training, or experience? Please elaborate. :

Signature over printed name

FULL NAME OF ATTENDING PHYSICIAN:	SIGNATURE:
LICENSE No:	CLINIC ADDRESS & CONTACT NUMBER/S: