

# Disability Claim Form Sample for Cancer Patients

This **disability claim form sample** is specifically designed to assist cancer patients in accurately documenting their medical condition and treatment details. It streamlines the application process by providing clear sections for essential information, ensuring a more efficient review by claim processors. Utilizing this sample can help improve the chances of a successful disability claim approval for those affected by cancer.

## Section 1: Personal Information

Full Name

Date of Birth

Social Security Number

Address

Contact Number

## Section 2: Medical Information

Cancer Type/Diagnosis

Date of Diagnosis

Stage of Cancer (if known)

Primary Symptoms

Current Treatment Plan (e.g., chemotherapy, surgery, radiation)

Treating Physician's Name

Physician's Contact Number

## Section 3: Disability Impact

Date When Disability Began

Explain How Cancer or Treatment Affects Your Ability to Work

**Describe Any Assistance/Accommodations Needed**

**Section 4: Supporting Documents**

- Medical reports/lab results
- Physician's statement
- Treatment records
- Work absence documentation (if applicable)

*Please attach photocopies of all supporting documents to your submission.*



**I certify that the information provided above is true and complete to the best of my knowledge.**

Submit