

# 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**