

**Annex-E: Disability Assessment Form**

Ref:

Date:

**PERSONAL & CONFIDENTIAL**  
**Permanent Injury Assessment Form**

<b>Worker Information:</b>			
Name of Worker	:	Age	:
Date of Birth (mm/dd/yyyy)	:	NID Number	:
Gender	:	MIS ID No	:
Name of the Factory	:		
<b>Background of Accident:</b>			
Date and Place of Accident/Incident (mm/dd/yyyy):			
Brief Description of Accident/Incident:			
Brief Description of the Injury from the Accident/Incidents as per Doctor's Prescription:			
Brief Description of the Treatment including any Surgery/Medication/Therapy as per Doctor's Prescription:			
<b>Physical Examination Findings:</b>			
Photograph of the injured Organ: (Photograph Attached)			
Injury Site/Location:			
Injury details and Description:			
Limitations in Occupation and Activities of Daily Living: (Put a Tick Mark)			
<b>Disability (Loss of Earning) %</b>			
Present Injury Matching BELA Schedule 1 Serial no:			
Disability (Loss of Earning) % as Per BELA Schedule 1:			

Signature: \_\_\_\_\_

Name:

Appointment:

Date: