

LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

Attending Physician's Certificate for Critical Illness Rider

(Questionnaire to be completed by the specialist who has treated the life insured for the illness)

Name of Patient: Date:

Occupation: _____ Age: Years

Any identification Marks: _____

Admission:

Date: Time: AM/PM

Patient History: _____

Discharge date: Time: AM/PM

Examination and Diagnosis:

- 1) Kindly describe in brief the symptoms of the illness noticed on examination?

- 2) How long do you believe the symptoms had been present when you were first consulted?

- 3) Were the symptoms noticed on examination consistent with the history reported on consultation/admission? If not, please state what in your opinion could have caused the illness.

- 4) Is there anything in the family history which would have increased the risk of his condition?

- 5) What was the final diagnosis and when was the patient informed about it? Please give objective findings supporting the diagnosis and prognosis (include any results of histopath, current x-rays, E.C.G., MRI or any other special tests with dates).

To be filled only in case of surgeries performed on the life insured

Date of surgery: Nature of surgery: _____

Performed by: _____

Hospital Name and Address: _____

Contact No.: _____

