MikroSayang Great Eastern TAKAFUL

CI-01 DOCTOR'S STATEMENT - CRITICAL ILLNESS - CANCER

MEDICAL REPORT TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SPECIALIST
Please attach the following copies:
1. All histopathology / biopsy reports;
2. All relevant hospital / operation reports, laboratory and test results.
For any medical report fee incurred in completing this form, it will be borne by Person Covered.

CI-01

Name of Patient (Person Covered)

New NRIC No. ____ - ____ - ____

1	Diagnosis (i) Please describe the full and exact diagnosis. (ii) Date when the Cancer was FIRST diagnosed	(i) _____ (ii) ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)
2	(i) What was the site or organ involve? (ii) What was the precise histology of the tumour? (iii) What was the stage of the tumour? Please provide full details using appropriate staging classification (e.g. TNM, Ann Arbor, Duke's etc.) (iv) It is classified as: (v) The disease was: You may tick (✓) more than one.	(i) _____ (ii) _____ (iii) _____ (iv) ☐ borderline malignancy ☐ non-invasive ☐ pre-malignant ☐ invasive ☐ carcinoma in-situ (v) ☐ invasive to adjacent tissues ☐ completely localized ☐ involved regional lymph nodes ☐ distant metastatic. If so, please give details _____
3	Is the Cancer associated with HIV or AIDS?	☐ Yes ☐ No If "Yes", please state the date HIV was first diagnosed / detected. ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

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4	Has the patient previously had the same or similar condition?	☐ Yes ☐ No If "Yes", please state the first treatment date ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy) Please state symptoms or condition presented: _____

DECLARATION: TO BE COMPLETED BY THE ATTENDING PHYSICIAN/ SPECIALIST

I, the undersigned, certify that I have examined the above Person Covered and all statement made and answers given are true and to the best of my knowledge and belief.

Signature and Official Stamp

Name: _____

Address:

Date: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)