

# Attending Physician's Statement for Critical Illness Underwriting

## Section 1: Patient Information

Patient Name

Date of Birth

Gender

Policy/Application No.

Date of Consultation

## Section 2: Medical Details

Primary Diagnosis

Date of Diagnosis

Details of Illness (including presenting symptoms and date of onset)

Relevant Investigations (tests, laboratory findings, imaging, etc.)

Treatment Provided

Current Condition and Prognosis

Is the condition a recurrence of a previous illness?

## Section 3: Physician's Information

Physician's Name

Specialty

Address

Phone

---

Physician's Signature

---

Date