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FAMILY DOCTOR'S REPORT LAPORAN DOKTOR KELUARGA

To be completed by applicant's Personal Doctor
Untuk diisi dan dilengkapkan oleh Doktor Peribadi Pemohon

PRIVATE AND CONFIDENTIAL
SULIT DAN PERSENDIRIAN

Proposed Life / Pencadang

Life Assured / Pemegang Polisi : _____

Proposal No. / No. Cadangan

Policy No / No Polisi : _____

NRIC No. / No. KP : _____ Age / Umur : _____ Sex / Jantina: <input type="checkbox"/> Male / Lelaki <input type="checkbox"/> Female / Perempuan	
1. For how long you have been the applicant's family doctor? <i>Berapa lamakah anda telah menjadi doktor keluarga pemohon?</i>	
2. What has been the applicant's general state of health? <i>Apakah tahap kesihatan pemohon?</i>	
3. i) When did you last see him/her Professionality? <i>Bilakah kali terakhir pemohon menemui anda untuk perundingan?</i>	
ii) Reason for consultation <i>Sebab perundingan.</i>	
4. Is he/she to the best of your knowledge sober and temperate in habits? <i>Adakah pemohon, sepanjang pengetahuan anda, bersikap waras dan dalam keadaan tenang?</i>	
5. Have any special investigation (e.g. ECG, X-RAY) been performed? If so, please give result and dates. <i>Adakah sebarang pemeriksaan khas (contoh ECG, X-ray) dilakukan? Jika Ya, sila berikan hasil dan tarikh.</i>	
6. Have you recorded the Blood Pressure? <i>Adakah anda merekodkan Tekanan Darah pemohon?</i>	<input type="checkbox"/> Yes / Ya <input type="checkbox"/> No / Tidak
i) Please give readings and dates <i>Sila berikan bacaan dan tarikh</i>	Date B.P. Record <i>Tarikh Tekanan Darah Direkodkan</i>
	Blood Pressure Record <i>Bacaan Tekanan Darah</i>
ii) What treatment, if any, has been prescribed for blood pressure. <i>Apakah rawatan jika ada, yang telah diberikan untuk tekanan darah?</i>	
7. Have you ever examined the urine? Please give findings and dates. <i>Adakah anda pernah memeriksa air kencingnya? Sila nyatakan keputusan dan tarikh.</i>	
8. Is the applicant currently being prescribed any treatment? If so, please give details and dosage. <i>Adakah pemohon sedang diberi sebarang rawatan? Jika ya, sila berikan butirannya dan dos.</i>	
9. Please state from your past records and personal knowledge details of illnesses, accidents, surgical operations or disease (except trivia) from which the applicant has suffered. <i>Sila nyatakan dari rekod anda yang lepas dan sepanjang pengetahuan anda, maklumat tentang kemalangan, pembedahan atau penyakit (kecuali trivia) yang dialami oleh pemohon.</i>	Date / Tarikh
	Nature of Incapacity <i>Jenis Ketidakupayaan</i>
	Treatment / Rawatan
	Duration / Tempoh
10. Are you aware of any additional facts, reports or comments that would assist us assessing the risk? <i>Adakah anda mempunyai sebarang fakta, laporan atau ulasan tambahan yang dapat membantu kami menilai risiko ini?</i>	
Name and Address of the Doctor <i>Nama dan Alamat Doktor</i>	Signed <i>Tandatangan</i>
Date / Tarikh _____	_____