CONFIDENTIAL MEDICAL CERTIFICATE (LIVING ASSURANCE)

Name of Life Assured

Issued by:	
Date :	

NRIC	No	Policy No
certair MULT this co	contin	med is insured with Great Eastern Life Assurance (Malaysia) Berhad against the happening of gent events associated with his / her health. A claim has been submitted in connection with SCLEROSIS and, to enable us to assess the claim, we would be obliged if you would complete ial report and return it direct to us in the self-addressed envelope provided. The claim to be valid the following definition must be fulfilled:-
9. 'M	lultiple S	Sclerosis': Means unequivocal diagnosis of multiple sclerosis made by a consultant neurologist with evidence of the typical symptoms of demyelination, persisting neurological abnormalities and impairment of function. Diagnosis will be based on confirmatory neurological investigations(e.g. lumbar puncture, evoked visual responses, evoked auditory responses and NMR evidence of lesions of the central nervous system).
1.	Are yo	ou the Life Assured's usual medical attendant? YES NO
	Since	what date? Date
2.	(i)	Date when Life Assured first consulted you for this illness:
	(ii)	Symptoms presented:
	(iii)	How long had symptoms been present?
	(iv)	Diagnosis:
	(v)	Date when illness was FIRST diagnosed:
	(vi)	Diagnosis was first made by :
	(vii)	Date when Life Assured first became aware of the illness:
3.	(i)	Please provide details, including dates, of the extent of his /her neurological deficit.
	(ii)	Please give details of the extent of the involvement of the optic nerves, brain stem and spinal cord together.

Please give details of the impairment of co-ordination and motor sensory function.

(iii)

	(iv)	Please provide details of ar diagnosis was supported by M	y investigations performed. Please comment on whether the MRI/CT scanning.
	(v)	Please give details of current	treatment.
	(vi)	Is the Life Assured confined	to a wheelchair? If so, for how long?
	(vii)		ldresses of any hospital or clinic to which the Life Assured was nes of the consultants attended.
		_	copies of any relevant hospital reports that are available.
4.	Has the Life Assured previously suffered from the condition specified above or any possible relate illness? (We are particularly interested in any consultations, however, minor in nature, concernin neurological symptoms or complaints.) If 'yes', please give dates of consultations and their resultin diagnosis.		
5.			loctors for this illness or its symptoms before he consulted you? ress(es) of the doctor(s) whom he consulted.
6.		ur opinion, does the episode sis stated below?	suffered by the Life Assured fulfil the definition of multiple
9. '		Sclerosis': Means unequivo evidence of the ty and impairment of Diagnosis will be	based on confirmatory neurological investigations(e.g. lumbar puncture, ponses, evoked auditory responses and NMR evidence of lesions of the
		YES	□ NO
7.		ere is any further information sing this claim, please furnish s	which, in your opinion, will assist our Medical Referee in uch information below:
Date			Signature
			Name, address and Official Stamp