Medical Report

Private & Confidential

This form is to be completed by the Patient's Attending Doctor.
The cost of this medical report is to be borne by the Claimant.

1.	Full Name of Patient (= Claimant)			Date of Accident (DD MM YY)	
2.	Cause of Injury				
3.	Nature and Extent of the Injury *Describe complications, if any*	Final Diagnosis	Part of Body (*State Left/Right limb*)	Symptoms	
4.	Date You First Consulted For This Injury/Condition (DD MM YY)		Date of Hospitalization, *if applicable* (DD MM YY)	Admitted	Discharged
	Treatment(s)	Completed	Ongoing	Other Treatments, *if any*	Completed / Ongoing
	☐ X-ray	☐	☐		☐ / ☐
	☐ Surgery	☐	☐		☐ / ☐
	☐ Special Diagnostics	☐	☐		☐ / ☐
5.	How long has the Patient been disable from engaging in or attending to usual employment or occupation as a result of these injuries?	Totally	From:	To:	
		Partially	From:	To:	
6-1.	Any Sign of Pre-Existing Injury? *If yes, please provide details* (Nature & Cause of Injury/ Symptom)			Date Treated *Estimated MM/ YY*	
6-2.	Do you think current accident aggravated injury? *If yes, please provide reasons for your opinion*				
7.	At the time of accident, was the patient suffering from any illness? *If yes, please provide details*				
8.	Details of any circumstances which may have contributed to the accident and/or lengthen the period of disability. (*e.g. physical impairments, medical history or intoxication*)				
9.	Any other information or professional advice that should be made known to AXA?				

I hereby certify that the above-named met with accident referred to, and that the foregoing statements are correct.

_____
Signature

_____ _____
Name of Treating Doctor/ Specialist Date

Official Stamp of Hospital/ Clinic