

Life Insurance Corporation (International) B S C (C)

BAHRAIN.

CERTIFICATE OF HOSPITAL TREATMENT

In connection with claim under Policy No.
on the life of

1. What was the full name, age, address and occupation of the patient as per Hospital records?

Name :

Age :

Address :

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Occupation :

2. What was the date of his admission into the Hospital?

3. Under whose treatment was the patient before he was admitted into the Hospital? If the patient had brought a letter or a note from any Doctor at the time of admission, kindly furnish us with a certified copy thereof.

4. What at the time of admission, was (a) the nature of his (a) complaint? (b) the duration of the complaint as reported (b) by him ?

5. (a) What was the exact history reported by the patient at the time of admission? (Dates, duration of the ailments, the symptoms narrated etc., to be given)
(b) Was the history reported by the patient himself or by some one else?
(c) If the history was not reported by the patient himself, the name and relationship of the person who reported. Was the patient present at the time and was he conscious?
(d) To whom was the history reported and by whom was it recorded ?
(e) Is the Doctor, to whom the history was reported/who had recorded the history, still with the Hospital, and if not, what is his present address?

6. What was the diagnosis arrived at in the Hospital?

7. Was there any other disease or illness which preceded or co-existed with the ailment at the time of the patient's admission into the hospital? If so, what was it? Please give details Stating:

- (a) History reported
 - (b) Dates when first observed by the patient
 - (c) By whom treated?
 - (d) By whom history reported? (If not by the patient himself, please indicate if it was his presence and to his knowledge)
 - (e) By whom the history was noted and recorded? (If the doctor is not with the Hospital at present, please give his present address)
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1. What was the date of his discharge from Hospital?

2. What was his condition when he was discharged?

3. Was he treated in the Hospital on any previous occasion either as an inpatient or as an outpatient? If so, please state :-

- (a) Date of the first admission or first time treatment as an outpatient.
 - (b) Date of discharge and condition on discharge.
 - (c) Nature of ailment.
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Certified that the above information is correct as per records in the Hospital.

Date..... Signature :

Qualification & Designation

Name of Hospital..... Postal Address
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