

Attending Physician's Statement

PRIVATE AND
CONFIDENTIAL

DATE:	
RE:	
BORN:	

Dear Dr.

We have received an application for life insurance from the above patient. Attached is the permission for you to furnish us with the information regarding his/her health condition and treatment.

Please answer the questions below and return the report to our representative. However, should you prefer to give us a narrative report you may do so using the back portion of this form and provide a seperate sheet if necessary. If electrocardiograms were taken with borderline or abnormal results, please provide us with copy/ies of the tracing, if possible.

A Medical Examination is not required, but its in the applicants interest that all materials facts be fully state. Your report will be treated as strictly confidential.

TO: MCBL

We will settle the fee as soon as we receive your response.

Sincerely yours,	
(mmu) Manulife China Bank Life Assurance C	
11100000	
Manulife China Bank Life Assurance C	corporation
New Business Department	

Date Attended Month/Year	Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe treatment of Operation

NOTE: Please turn page for additional questions.

FOR AGENCY TO PROVIDE: Please specify type of business: □ Life □ Plans □ POS □ Group

Name of agent: Branch: Laboratory Findings (including X-ray, ECG and Pathological reports, etc., with dates):

CXR	TST				
ECG	IVP				
	Histopath Result				
Blood Test (Please Specify):					
Others:					
(NOTE: Please use the lower portion of this form for additional ad	tional Information.)				

Present Condition, if known (include sequelae and complications of reported illness)

Have any other physicians or surgeons been consulted? If so, please give name, dates and nature of disorder:

Please record any other information related to the above laboratory/pathological findings, which might have a bearing on this person's health:

Is the client/patient a SMOKER? □ Yes □ NO

Signature _____ M.D.