



C E Y L I N C O L I F E

Ceylinco Life Insurance Limited

Ceylinco Life Tower, No. 106, Havelock Road, Colombo 5, Sri Lanka. Co. Reg. No. PB5183

Tel: (+94) 11 2461000, 2461461 Fax: (+94) 11 2555959. Website: www.ceylincolife.com E-mail: service@ceylife.lk

DOCTOR'S MEDICAL DECLARATION

- 01.** Name of the Patient: _____
- 02.** Your diagnosis of illness/injury: _____
- 03.** When were you first consulted for this illness/injury? _____
- 04.** Has your patient suffered any previous episodes of the present illness/injury or any other kind of disability? If so, please give details.

- 05.** In your opinion, when do you think this ailment could have begun or been contracted?

- 06.** Is the illness/disability treated of congenital in nature? Yes/No
- 07.** Was the patient under influence of alcohol/narcotic/drug at the time of admission?

- 08.** Please give details of treatment/surgical procedure? _____

- 09.** Period of Hospitalization :
Date of Admission : _____
Date of Discharge : _____
BHT No. : _____
- 10.** Details of ICU (Intensive Care Unit) Treatment?
Date of Admission : _____
Date of Discharge : _____

I certify that I am the General Practitioner/Consultant/Surgeon of the patient referred to above and that the information I have supplied is true and correct.

Date

Signature and Official Stamp of
the GP/Consultant/Surgeon