



# UNITED INDIA INSURANCE CO. LTD.

## MEDICAL CERTIFICATE / ATTENDING DOCTOR'S CERTIFICATE

1. Name and address of the patient :
2. Age :
3. Date of Admission :
4. Date of Discharge :
5. Hospital Inpatient No :
6. Are you the regular medical practitioner of the patient :
7. Describe the nature of illness/ Presenting Complaints :
8. Diagnosis :
9. Describe briefly nature of treatment :
10. Was the patient referred to you by some other doctor/hospital. If yes, :
  - a) Name and address of the doctor :
  - b) Diagnosis of the previous doctor/hospital :
11. History (probable date of commencement or manifestation) of the illness as known to you :
12. According to you whether the patient could have known the existence of the illness, if, so since When? :
13. Is the patient fully cured? :
14. Any other remarks :

I/We certify that the above named patient was treated in the below mentioned hospital, and the details given above are true to the best of my knowledge and belief.

Name of Hospital / address

Signature of the attending  
Doctor with seal

(Seal)

Regn. No.

Name of the attending doctor/qualification :

LF 100x 250 7/04