

Doctors Certificate (CL 4)

Form No. 4

Contract No.

This statement is to be completed by the doctor in attendance during the deceased's last illness or injury and each question should be fully answered.

1- Full Name of Patient: Type and ID number:

Nature and **exact diagnosis** of illness**Date of diagnosis** of disease

Place of treatment (if Hospital or Institution, give name)

2- Disease or condition directly leading to illness (medical history participated in development of the disease)

Interval Between onset of symptoms and reaching the diagnosis

a) Antecedent causes (morbid Conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)

a)

b) Due to (or as a consequence of)

b)

c) Due to (or as a consequence of)

c)

Other significant conditions (Contributing to the illness but not related to the disease or condition) such as family history , habits , occupation ,,,etc

(Please state past medical history and dates of onset of this medical history)

3- Dates of First and last attendance in last illness:

How long had you known patient ?

4- If illness was due to accident, suicide or homicide, specify which (Describe briefly)

5- Was a biopsy analysis done ?

☐ YES..
☐ NO

What is the histopathology results?

please attach a copy of the pathology report

If so, by whom and with what findings?

6- Have you treated the patient during the last 5 years prior to last illness?

☐ YES.. ☐ NO

Did the patient , to your knowledge, receive treatment during the last 5 years from any other physician, or in any hospital or Institution?

☐ YES.. ☐ NO

If "Yes" to either question, please furnish the following:

Physician or Hospital	Address	Nature of Illness or Injury	Dates

Date :

Signature and stamp of clinic :

Address :