



**PRU LIFE U.K.**

Date

**ATTENDING PHYSICIANS STATEMENT**

Confidential Report on :

**Name :**

**Birthdate**

**Address**

# Street			
City/Province			
	Zip Code		

Dear Doctor,

A Proposal for life assurance has been received on the above-mentioned Life Proposed and he/she has authorized us to refer to you as his/her Medical Adviser. We do not wish you to examine him/her. Please reply in confidence to the questions below according to your personal knowledge and his/her medical records.

We are particularly concerned with the Life Proposed's history of \_\_\_\_\_

Thank you very much for your kind assistance.

**Samuel P. Balbin**

Vice President - New Business & Underwriting

1. a. How long have you been the Medical Attendant ? \_\_\_\_\_
- b. How far do the records you hold go back? \_\_\_\_\_
- c. When was medical advice last sought and why? \_\_\_\_\_

2. What do you know of the Life Proposed's past and present lifestyle  
 smoking, \_\_\_\_\_  
 drinking, \_\_\_\_\_  
 or other habits? \_\_\_\_\_

3. a. Please give particulars of illness or accidents which have required advice from yourself, other than that of such trivial nature as to have no bearing on life expectancy.

Date	Nature of Condition	Treatment	Duration

- b. Have any of the aforementioned conditions left any sequelae? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Is any treatment by drugs or otherwise being given at present? (If so please give details)

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4. Please give details of any urine test, X-rays, ECG's or other investigations.

Date	Nature of Investigation	Result and Diagnosis

Please give details of any blood pressure readings (if no treatment please indicate any pre-treatment levels).

Date	Systolic	Diastolic

5. To the best of your knowledge, has the Life Proposed ever received medical attention from any other Attending Physician?

If yes, please give the following particulars.

Name and Address of Attending Physician	Nature of Condition

6. If there is any further information which, in your opinion, will assist us in assessing the application, please give details.

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**Signature Over Printed Name**

Address:

License No.: