

<b>ATTENDING PHYSICIAN'S STATEMENT</b> (All answers must be provided by the physician)		
1. Full name of the deceased		
2. Apparent age of the deceased		
3. Did you treat the deceased during his/her final illness?		
4. To the best of your knowledge, was the deceased using tobacco in any quantity?		
5. When did the deceased show the first symptoms of his/her illness?		
6. Dates of first and last consultation concerning final illness	First consultation:	Last consultation:
7. Date and place of death	Date:	Place:
8. Illness which was the cause of death		
9. What other illnesses may have contributed to death? (Give duration)		
10. Were any operations performed? If so, give date and type of operation.		
11. Was an autopsy performed? If so, by whom and what were the results?		
12. Was there a police investigation? If so, by whom and what were the results?		
13. (a) Did you treat the deceased or did he/she consult you before his/her final illness?  (b) If so, give dates and illnesses.	(a) _____ (b) _____	
14. (a) In the past five years, was the deceased treated by other physicians or in any hospital?  (b) If so, give names of physicians or hospitals, dates attended and nature of illness.	(a) _____ Name of physician      Date attended      Nature of illness or hospital (b) _____ _____ _____	
15. Additional information: (Use reverse if necessary)	_____	

I, the undersigned, certify that the answers to the above questions are true and complete and to the best of my knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Physician's signature

\_\_\_\_\_ Name of physician (Please print) and licence number

\_\_\_\_\_ Physician's address

**N.B. The claimant is responsible for any fees relating to this report.**