ASALUS Corporatior

CERTIFICATE OF ATTENDING PHYSICIAN

BASIC REQUIREMENTS:

1. Xeroxed Death Certificate with original authentication
2. Xeroxed Birth Certificate with original authentication
   * Deceased * Beneficiary
3. Xeroxed Marriage Contract with oiginal authentication (if married)
4. Certificate of Employment
5. Latest DTR
6. Certificate of Claimant
7. Certificate of Attending Physician
8. Police Report and Autopsy (if accidental death)

ALL QUESTIONS TO BE ANSWERED IN FULL

a. Deceased's name in full			b. Occupation: at death	Prior thereto
c. Residence at time of death	No.	Street	City or Town	Province
a. Age of deceased at death	b. Sex	c. Height	d. Approximate weight in health	e. Color of hair

f. Were there any identification marks on the body?	Yes ☐	No ☐	if yes, give particulars:
How long had you known deceased?			

a. Date of death	b. Place of death (if in hospital or institution, give name)	c. Length of hospitalization

a. When were you first consulted for the condition which either directly or indirectly caused death?	Who consulted you? (Specify if deceased, relative or others	Date of last visit

b. What was the immediate cause of death?

c. How long, in your opinion, did deceased suffer from this disease or impairment?

d. What were the contributory cause of death? Give below, the duration of each

Disease or Impairment	Duration

e. Was there any special connection (remote or proximate) between the death and the occupation, residence, habits or personal history of the deceased? Yes ☐ No ☐ if yes, state which and give particulars:

Give below particulars of each condition for which you treated or advised deceased prior to last illness:

Nature of condition	Dates	Duration	Result of treatment

Give names and addresses of other physicians and other practitioners who to your knowledge attended deceased during the past three years:

Name	Address	Disease or Impairment and Date

a. Was death due to suicide, homicide, or accident?

b. Was deceased under the influence of liquor or drugs when accident/suicide/homicide happened? Yes No

Was there an official inquiry as to cause of death or a post mortem examination on the body of the deceased?
Yes ☐ No ☐ if yes, which, by whom and with what result?

Dated at this day of 20

Physician 's Name in print		Physician's Signature
License No. (Privilege Tax)	Date	Physician's Address
Witnessed by		Witness Address