

20. Is any surgical operation contemplated or has one been performed? YES() NO() If yes, please state:

Nature of operation _____ When _____

Where _____ By whom _____

21. What is the prognosis? _____

22. In your opinion, when can he resume his usual occupation or employment? _____

I, _____, hereby certify that the answers given above are full, complete and true. I am a
(Printed name of Physician)

graduate of _____ in _____
(Medical College)

AUTHORIZATION

This authorizes the MANILA BANKERS LIFE or its authorized representative to secure clinical/hospital records relative to the subject's illness, sickness or injury. I agree that a photocopy of this authorization shall be considered as effective and valid as the original

Dated and signed at _____ on _____

Physician's Signature

PRC No. _____

Date issued _____

Place issued _____

Full address of Physician

