To FUKOKU Life Insurance Company

English Only ; Please type or write in block letters.

ATTENDING PHYSICIAN'S STATEMENT (PROOF OF HOSPITALIZATION)

1. **Name of patient** (Sex ☐M ☐F)	**Date of birth** ___/ ___/_____
2. **Name of sickness or injury for hospitalization** (☐ Presumption of doctor ☐ Reported by patient)	Inception date of sickness or injury ___/ ___/ 20___

3. **Treatment term**	First medical consultation ___/ ___/20___
	Final medical consultation ___/ ___/20___
	(Presently under treatment ___/ ___/ 20___)
	1st hospitalization ___/ ___/20___ to ___/ ___/20___
	2nd hospitalization ___/ ___/20___ to ___/ ___/20___

4. **Condition of sickness from its start to the first diagnosis**
(Plesse indicate when and how symptom first appeared)

Diagnosis and progress

5. **Surgical operation effected**

Type of operation

☐ Craniotomy ☐ Thoracotomy ☐ Laparotomy ☐ Operation using a fiberscope or a basket-lip vascular catheter on the brain, larynx, thoracic organs, and abdominal organs (excluding diagnostic procedures and temporary treatment) ☐ Others

Name of operation

Date of operation / /20

6. **Radiotherapy**	Place	Period / /20 to / /20
	Quantity in total	Gy(Rads)

7. **Previous illness (if any)**

These statements are true and complete to the best of my knowledge and belief.

Name of hospital _____ **Date** ___/ ___/20___

Address of hospital_____**Country**_____

Signature of doctor