Medical Certificate (ATTENDING PHYSICIAN'S STATEMENT for HOSPITALIZATION／OPERATION)

11

To Fukoku Mutual Life Insurance Company (PROOF OF HOSPTALIZATION / OPERATION)

English Only ;Please type or write in block letters.

1. Patient's Name	Chart No. 〔 〕	Sex: Male / Female	Date of Birth	month / day / year
2. (a) Name of Disease or Injury for Hospitalization	Onset Date of Disease/Injury month / day / year			Physician's Opinion / Patient's Report
(b) Cause of the above (a)	Onset Date of Disease/Injury month / day / year			Physician's Opinion / Patient's Report
(c) Complications	Onset Date of Disease/Injury month / day / year			Physician's Opinion / Patient's Report
3. Previous Physician or Reffering Physician	Name of Disease Hospital's Name Period of Medical Treatment / / ~ / /	4. Past Medical History and Chronic Disease	Name of Disease Hospital's Name Period of Medical Treatment / / ~ / /	
5. Period of Medical Treatment — Initial Consultation	from month / day / year			Ending Consultation / Under Medical treament
Period of Hospitalization	1st from month / day / year to month / day / year			Discharged / Discharged Dead / Inpatient / Transferred to Another Departmet
	2nd from month / day / year to month / day / year			Discharged / Discharged Dead / Inpatient / Transferred to Another Departmet
	If the patient had a 3rd or further hospitalization, includethe respective dates of admission and discharge.(If the patient is an inpatient, add "Currently in hospital.")			
6. Progress from Onset Symptom/injury till Initial Consultation ※Please indicate when and how the symptom developed				

7. In Case of Malignant Neoplasm / Intraepithelial Neoplasm	Date of Definite Diagnosis	Category tissue	TNM Staging	Has the patient been informed of the malignancy?	Name of Histopathologic Diagnosis
	month / day / year	Primary / Recurrent / Metastatic	T( ) N( ) M( )	Yes / No	

8. In Case of Acute Myocardial Infarction	Did the patient continue to have restrictions on the work done after 60 or more days from the date of the initial consultation following the onset of acute myocardial infarction?("restrictions on the work " here refers to a state whereby the patient can do light work, such as light housework, or sedentary work, such as clerical work, but restrictions are necessary regarding more demanding activities)	Yes / No
9. In Case of Stroke	Did the patient continue to have "objective neurological sequelae" such as aphasia, ataxia, or paralysis for more than 60 days after the first consultation after the onset of the stroke?	Yes / No

10. Operation	Name of Operation		Date of Operation	
		1st		month / day / year
		2nd		month / day / year
		3rd		month / day / year

11. Radiotherapy	Region		Total dose	Gray	Period of Radiation	from month / day / year to month / day / year

12. Treatment Received as Outpatient	Circle day(s) of ambulatory care or visit for the Disease / Injury under Section 2 above after discharge (including dates of house visits and excluding scheduled dates for ambulatorycare or visits			Total day(s)
	month / year	/	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
	month / year	/	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
	month / year	/	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
	month / year	/	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
	month / year	/	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	

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

Name of hospital：

Date month / day / year

Department of hospital :

Adress of hospital:

Phone Number of hospital：

Signature of doctor

Country：