



CIC GROUP

CERTIFICATE OF ATTENDING PHYSICIAN

Please answer every question

The undersigned was the attending physician in the last sickness of _____
who died at _____ a.m./p.m. in the town of _____ on the _____ day of _____

And for further information of the company, the undersigned does make the following answers and statements:-

1. How long have you been the medical attendant or advisor of the Deceased, and for what illness have you treated him? Please give details _____

2. When did the last illness commence? _____
3. State the immediate cause of death _____
4. Was the Deceased afflicted with any other disease? _____
5. If so afflicted, state with what disease and for what period of time _____

6. Did it hasten death? _____
7. For how long a time was the deceased confined to the house/bed, or prevented from attending to work _____

8. When were you first consulted by the Deceased or by other person on his behalf for the affliction which either directly or indirectly caused death? _____

9. What were the general symptoms present, then and afterwards, during the progress of the disease _____

10. Was there any special cause (remote or proximate) for the death, in the habits, occupation, residence or personal history of the deceased? If so, state which and give particulars _____

11. Was the death caused proximately or remotely by intoxicating drinks, or drugs, or by the hand of justice or suicide _____

12. Was an inquest held on the body of the deceased? If so, state results, and in the case of an autopsy, who performed it? **(kindly attach the report)** _____

13. What was the real or apparent age of the Deceased? _____

14. Prior to the last illness, for what disease did you treat or advise the Deceased?

Nature of Condition	Dates	Duration	Result of treatment

15. Did AIDS or any AIDS-related condition or illness cause the deceased death? _____

16. Was a HIV test carried out on the deceased? If so, state results _____

I _____ on this day _____ of _____ 20____ make oath and say that the foregoing statements are true in substance and in fact.

Address _____ Stamp _____

Signature of attending physician

Justice of Peace, magistrate, Notary Public or

Commissioner of Oaths
