

Attending Physicians Statement



Confidential medical file

Sun Life Assurance Company of Canada is the insurer, and is a member of the Sun Life Financial group of companies.

1 General information

Patient information

First name	Initial	Last name	Date of birth (dd-mm-yyyy) - - -
Certificate #			

Physician information

First name	Last name		
Address (street number and name)			Apartment or suite
City	Province	Postal code	

2 Health information

This health information will be used for the purposes of underwriting, administration and adjudicating claims. Please do not tell us about genetic testing or genetic tests results.

Check all patient health issues that you are aware of.

If checked, provide details.

<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Impaired Vision/Hearing	<input type="checkbox"/> Cancer/Tumour/Other Growths (include pathology & follow-up reports)
<input type="checkbox"/> Endocrine	<input type="checkbox"/> Neurological	<input type="checkbox"/> Abnormal Diagnostic Tests (include copies)
<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Musculoskeletal (specify area/joint)
<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Alcohol/Drug Abuse	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Immune System	<input type="checkbox"/> Adverse Family History	

Clinical summary

Dates attended (mm-yyyy)	Symptoms and diagnosis	Duration of illness	Describe treatment and present condition
-			
-			
-			
-			
-			
-			
-			
-			
-			

DC-203



2 Health information (continued)

Dates attended (mm-yyyy)	Symptoms and diagnosis	Duration of illness	Describe treatment and present condition
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—			
—			
—			
—			
—			
—			
—			
—			

Other physicians consulted

Name of physician	Reason for consult	Dates attended (mm-yyyy)
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		—
		—
		—
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		—
		—

3 Signature

I declare that the statements made in this Attending Physicians Statement are true and complete.

Physician's signature X	Date (dd-mm-yyyy) — —
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Please note: your patient is responsible for any cost to complete this report.

Please return to:

Sun Life Assurance Company of Canada
 Association & Affinity Business
 PO Box 365 Stn Waterloo
 Waterloo, ON N2J 4A4

Or by Fax at: 1-800-367-0813