

KERALA DAIRY FARMERS WELFARE FUND
COMPREHENSIVE SOCIAL SECURITY SCHEME
MEDICAL CERTIFICATE /ATTENDING DOCTOR'S CERTIFICATE

1. Name and address of the patient :
2. Age :
3. Date of admission :
4. Date of discharge :
5. Hospital inpatient No. :
6. Are you the medical practitioner of the patient :
7. Description regarding the nature of illness/presentation complaints :
8. Diagnosis :
9. Describe briefly the nature of treatment :
10. Was the patient referred to you by some other doctor/hospital :
- If yes, specify
- a. Name and address of the Doctor :
- b. Diagnosis of the previous doctor/hospital :
- c. History (probable date of commencement or manifestation) of the illness as known to you :
11. According to you whether the patient could have Known the existence of the illness, if so since when? :
12. Is the patient fully cured ? :
13. Any other relevant remarks :

I/we certify that the above named patient was treated in the below mentioned hospital, and the details given above are true to the best of my knowledge and belief

Name and address of the Hospital

(Seal)

Signature of the attending Doctor

With Seal

Name of the attending doctor/qualification :

Reg.No.