To AXA Life Insurance Co., Ltd.

English only ; Please type or write in block letters

CS2404-094

ATTENDING PHYSICIAN'S STATEMENT (PROOF OF HOSPITALIZATION) (入院・手術等証明書)

1. Name of patient (患者氏名) (sex ☐ M ☐ F) (性別)	Date of birth (生年月日) ／ ／
2. Name of sickness or injury for hospitalization (入院原因となった傷病名) ☐ Presumption of doctor (医師推定) ☐ Reported by patient (患者申告)	Inception date of sickness or injury (発生年月日) ／ ／

3. Treatment term (治療期間)	
	First medical consultation (初診日) : ／ ／
	Final medical consultation (終診日) ／ ／
	(presently under treatment (現在治療中) : ／ ／)
	1st hospitalization (1回目入院) : ／ ／ to ／ ／
	2nd hospitalization (2回目入院) : ／ ／ to ／ ／

4. Condition of sickness form its start to the first diagnosis (上記症状の発生時とその経過)

(Please indicate when and how symptom first appeared) (症状発生日とその状況等)

Diagnosis and progress (診断と進捗)

5. Surgical operation effected (実施された外科的手術)

Type of operation (手術の型)

☐ Craniotomy (開頭術) ☐ Thoracotomy (開胸術) ☐ Laparotomy (開腹術) ☐ Others (その他)

☐ Operation using a fiberscope or a basket-lipvascular catheter on brain, larynx, thoracic organs, and abdominal organs (excluding diagnostic procedures and temporary treatment)

Name of operation (手術名) :	Date of operation (手術日) : ／ ／

6. Radiotherapy (放射線照射)	Place (場所) :	Period (期間) : ／ ／ to ／ ／
	Quantity in total (総線量) : Gy (Rads)	

7. Previous illness (if any) (既往症)

These statements are true and complete to the best of knowledge and belief. (上記に相違ないことを証明します)

Name of hospital (病院名) : Date (証明日) : ／ ／

Address of hospital (所在地) : Country (国) :

Signature of doctor (担当医のサイン) :