



# 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**

\_\_\_\_\_