入院・手術証明書（診断書）

TO : TAIJU LIFE INSURANCE COMPANY LIMITED

Attending Physician's Statement (Medical Report)

English Only : Please type or write in block letters.

Name :	Date of Birth (Month / Day / Year) : ＿＿＿＿/＿＿＿＿/＿＿＿＿＿
Sex : Male / Female	Age :
Clinical diagnosis :	Date of clinical diagnosis (Month / Day / Year) : ＿＿＿＿/＿＿＿＿/＿＿＿＿＿

Date of first medical consultation (Month / Day / Year) : ＿＿＿＿/＿＿＿＿/＿＿＿＿

Date of final medical consultation (Month / Day / Year) : ＿＿＿＿/＿＿＿＿/＿＿＿＿

1st hospitalization : from (Month / Day / Year) ＿＿＿＿/＿＿＿＿/＿＿＿＿ to ＿＿＿＿/＿＿＿＿/＿＿＿＿

2nd hospitalization : from (Month / Day / Year) ＿＿＿＿/＿＿＿＿/＿＿＿＿ to ＿＿＿＿/＿＿＿＿/＿＿＿＿

History of the present illness :

Pathohistological diagnosis : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Date of pathohistological diagnosis (Month / Day / Year) : ＿＿＿＿/＿＿＿＿/＿＿＿＿

ICD10-code : (＿＿＿＿＿) (M－＿＿＿ / ＿＿＿)

TNM Classification : (T N M)

Surgical operation (if performed)

☐Craniotomy ☐Thoracotomy ☐Laparotomy ☐Operation using a fiberscope or a basket-tip vascular catheter on the brain, larynx, thoracic organs, and abdominal organs(excluding diagnostic procedures and temporary treatment) ☐Others

Name of operation : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Date of operation (Month / Day / Year) : ＿＿＿＿/＿＿＿＿/＿＿＿＿

Radiotherapy	Portion	Period From (Month / Day / Year) ＿＿＿＿/＿＿＿＿/＿＿＿＿ to ＿＿＿＿/＿＿＿＿/＿＿＿＿
	Quantity in total	Gy(Rads)

Anamnesis(if any)

These statements are true are complete to the best of my knowledge and belief

Name of hospital : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Address of hospital : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ Country : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Signature : ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ Date(Month / Day / Year) : ＿＿＿＿/＿＿＿＿/＿＿＿＿

（海外渡航契約用）