

## CONFIDENTIAL MEDICAL REPORT

### Note to the doctor:

We have requested our customer to obtain a medical report stamped by a medical practitioner providing confirmation that they are physically competent, in your opinion, to drive. Completion of this form will assist us to determine whether we can continue providing motor vehicle insurance cover for this customer. We appreciate your assistance.

Please hand this letter back to our customer for submission. All information provided will remain confidential and will not be shared with any third party.

### 1. PERSONAL DETAILS OF IWYZE CUSTOMER:

First Name:	<input type="text"/>	Surname:	<input type="text"/>
ID Number:	<input type="text"/>	Age (next birthday):	<input type="text"/>
iWYZE Policy Number:	<input type="text"/>		
Are you our customer's usual doctor?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Please record the customer's blood pressure reading:			
Systolic:	<input type="text"/>	Diastolic:	<input type="text"/>
Please comment on the following related to the customer:			
Eyesight:	<input type="text"/>	Hearing:	<input type="text"/>
Heart:	<input type="text"/>		
Any physical irregularities:	<input type="text"/>		
General fitness:	<input type="text"/>		
In your opinion, is the customer physically competent to drive a motor vehicle?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Date of examination:	<input type="text"/>		

### 2. DOCTOR'S DETAILS:

Name:	<input type="text"/>	Practice Number:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Tel Number:	<input type="text"/>
Signed:	<input type="text"/>	Doctor's stamp:	<input type="text"/>