



GIG Medical Insurance Scheme

Medical report

Part 1

Policy No : _____ Policy Holder : _____

To be completed by Employee/Patient

*Patient Name : _____ *CID : _____
Employee ID No. : _____ Date : _____

Part 2

To be completed by Doctor/Specialist who carried out the treatment

*Complaint: _____ _____
*Clinical Examination: _____ _____ _____ _____
*Investigations _____ _____ _____
*Diagnosis _____

Doctor/Specialist's Signature & Stamp :

Date

N.B: All fields with (*) mandatory to be filed