



## PRIVATE RETIREMENT SCHEME (PRS)

### MEDICAL REPORT FOR PRS WITHDRAWAL FOR HEALTHCARE

This medical report is prepared by the patient's treating doctor to determine patient's level of health. This report is required to fulfil the requirement for PRS Withdrawal for Healthcare.

#### 1) PATIENT'S DETAILS

Name: \_\_\_\_\_

NRIC / Passport No. (for Foreigner): 

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#### 2) ILLNESS

Please indicate (v) below:

TYPE OF CRITICAL ILLNESS	
<p><b>CANCER</b></p> <p><input type="checkbox"/> Cancer</p> <p><b>CARDIOVASCULAR SYSTEM</b></p> <p><input type="checkbox"/> Arrhythmia Requiring Device Insertion (Pacemaker/Defibrillator)</p> <p><input type="checkbox"/> Cardiomyopathy/ Heart Failure</p> <p><input type="checkbox"/> Congenital Heart Disease</p> <p><input type="checkbox"/> Constrictive Pericarditis</p> <p><input type="checkbox"/> Coronary Artery Disease/ Ischaemic Heart Disease</p> <p><input type="checkbox"/> Heart Attack/ Myocardial Infraction</p> <p><input type="checkbox"/> Heart Block Requiring Surgical Intervention/ Pacemaker/Battery Implant</p> <p><input type="checkbox"/> Heart Valve Replacement/ Valvular Heart Disease Requiring Replacement</p> <p><input type="checkbox"/> Peripheral Vascular Disease</p> <p><input type="checkbox"/> Surgery to Aoarta/ Disease of the Aorta Requiring Surgery</p> <p><b>ENDOCRINE/ MEDICAL</b></p> <p><input type="checkbox"/> Epilepsy &amp; Movement Disorders Requiring Deep Brain Stimulation Or Surgery</p> <p><input type="checkbox"/> Guillain Barre Syndrome Requiring Immunoglobulin Treatment</p> <p><input type="checkbox"/> Morbid Obesity Or Obesity With Multiple Medical Complications And Life Threatening Requiring Bariatric Surgery</p> <p><input type="checkbox"/> Pituitary Tumours</p> <p><input type="checkbox"/> Sepsis With One Or More Major Organ Failure</p> <p><input type="checkbox"/> Type 1 Diabetes With Criteria For Insulin Pump Therapy</p>	<p><b>NERVOUS SYSTEM</b></p> <p><input type="checkbox"/> Alzheimer's Disease</p> <p><input type="checkbox"/> Appalic Syndrome</p> <p><input type="checkbox"/> Benign Tumor Of Brain</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Coma</p> <p><input type="checkbox"/> Encephalitis</p> <p><input type="checkbox"/> Loss Of Speech</p> <p><input type="checkbox"/> Major Head Trauma</p> <p><input type="checkbox"/> Meningitis</p> <p><input type="checkbox"/> Motor Neurone Disease</p> <p><input type="checkbox"/> Multiple Sclerosis</p> <p><input type="checkbox"/> Muscular Dystrophy</p> <p><input type="checkbox"/> Paralysis</p> <p><input type="checkbox"/> Parkinson's Disease</p> <p><input type="checkbox"/> Poliomyelitis</p> <p><input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> Total Permanent Disability</p> <p><b>OPHTHALMOLOGY</b></p> <p><input type="checkbox"/> Advanced Diabetic Eye Disease- Diagnose By Specialist</p> <p><input type="checkbox"/> Age Related Macular Degeneration (Armd)/ Polypoidal Choroidal Vasculopathy (PCV)</p> <p><input type="checkbox"/> Blindness</p> <p><input type="checkbox"/> Cataract Requiring Surgery (Intraocular Lens-IOL)</p> <p><input type="checkbox"/> Corneal Disorders Requiring Corneal Surgery (Corneal Transplant)- Diagnose By Specialist</p> <p><input type="checkbox"/> Enophthalmic Socket- Diagnose By Specialist</p> <p><input type="checkbox"/> Glaucoma Requiring Surgery With Glaucoma Implant</p> <p><input type="checkbox"/> Retinal Vascular Disease- Diagnose By Specialist</p>

<b>GASTROENTEROLOGY/ HEPATOLOGY</b> <input type="checkbox"/> Chronic Inflammatory Bowel Disease <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Fulminant Viral Hepatitis <input type="checkbox"/> Pulmonary Hypertension	<b>ORTHOPEDIC</b> <input type="checkbox"/> Gangrene/ Necrotizing Fasciitis Requiring Amputation <input type="checkbox"/> Knee Injury Requiring Surgery/ Implant/ Graft <input type="checkbox"/> Osteoarthritis Requiring Surgery/ Implant <input type="checkbox"/> Prolapse Intervertebral Disc With Significant Neurological Deficit Requiring Surgery <input type="checkbox"/> Shoulder Injury With Instability/ Function Compromised Requiring Surgery/ Implant/ Graft <input type="checkbox"/> Spinal Stenosis With Significant Neurological Symptoms/ Deficit Requiring Surgery <input type="checkbox"/> Unstable Spine Fractures/ Trauma Requiring Surgery and Implant/ Rehab Equipment
<b>GENITOURINARY SYSTEM</b> <input type="checkbox"/> Congenital Urinary Abnormalities Requiring Urgent And Major Surgical Intervention <input type="checkbox"/> Chronic Kidney Disease/ Failure <input type="checkbox"/> Medullary Cystic Disease <input type="checkbox"/> Renal Calculi Requiring Surgical Intervention	<b>RESPIRATORY SYSTEM</b> <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Chronic Lung Disease <input type="checkbox"/> Lung Fibrosis <input type="checkbox"/> Obstructive Sleep Apnoea <input type="checkbox"/> Secondary Pulmonary Hypertension <input type="checkbox"/> Severe Chronic Obstructive Pulmonary Disease (COPD)/ Emphysema
<b>HEMATOLOGY</b> <input type="checkbox"/> Aplastic Anaemia <input type="checkbox"/> Haemophilia (Moderate To Severe – Factor Activity <5%) <input type="checkbox"/> Hematological Malignancies- Leukemia, Multiple Myeloma ( acute Or Chronic Leukemia Diagnosed By Physician) <input type="checkbox"/> Hematopoetic Stem Cell Transplantation <input type="checkbox"/> Idiopathic Thrombocytopenic Purpura (ITP) – Thrombocytopenia Refractory To Convention Steroid Treatment (1 <sup>st</sup> Line Treatment) <input type="checkbox"/> Lymphoma <input type="checkbox"/> Myeloproliferative Disorders Requiring Blood Transfusion And/ Or Chelating Agents <input type="checkbox"/> Thalassaemia Major Requiring Chelating Agent	<b>RHEUMATOLOGY</b> <input type="checkbox"/> Ankylosing Spondyloarthritis Active Disease With Functional Impairment And/ Or Disability <input type="checkbox"/> Chronic Tophaceous Gout With Functional Impairment And/ Or Disability <input type="checkbox"/> Psoriatic Arthritis Active Disease With Functional Impairment And/ Or Disability <input type="checkbox"/> Rheumatoid Arthritis/ Arthritis Of Any Joint With Deformities Requiring Surgery/ Orthosis
<b>ILLNESS OF CHILD UNDER 16 YEARS OLD</b> <input type="checkbox"/> Congenital Disease Requiring Medical Or Surgical Intervention <input type="checkbox"/> Intellectual Impairment Due To Accident Or Sickness <input type="checkbox"/> Leukaemia <input type="checkbox"/> Severe Asthma	<b>OTHER DISEASES</b> <input type="checkbox"/> AIDS ( Accompanied with AIDS defining disease)/ HIV (Second Line Treatment) <input type="checkbox"/> Deafness <input type="checkbox"/> Loss Of Independent Existence <input type="checkbox"/> Major Burns <input type="checkbox"/> Major Organ Transplant <input type="checkbox"/> Terminal Illness
<b>MENTAL ILLNESS</b> <input type="checkbox"/> Bipolar Mood <input type="checkbox"/> Major Depression <input type="checkbox"/> Schizophrenia	
<b>MUSCULOSKELETAL SYSTEM</b> <input type="checkbox"/> Systemic Lupus Erythematosus (SLE) With Major Organ Involvement <input type="checkbox"/> Systemic Sclerosis/ Scleroderma With Functional Impairment And/ Or Major Organ Involvement	

**3) MEDICAL SUPPORT EQUIPMENT/ MEDICATION**

Does the type of treatment require any medical support equipment and peripherals?

NO  YES. *Please State:* \_\_\_\_\_

**4) DECLARATION**

I hereby certify that I have personally attended the above patient and that the statements and the information supplied by me on this form are true and complete.

I hereby verify that I do not have any personal and/or family relations with the patient.

I acknowledge that:

- This information is provided in order to process a request for PRS withdrawal for Healthcare where the PRS Provider may provide copies of this form to other PRS Providers the patient/family member has a PRS account with, the Private Pension Administrator Malaysia, or to any other person deemed necessary to assist in the process of this withdrawal;

**Medical Practitioner's Details**

Full name (please print)

Qualification(s)

Business Telephone

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Signature

<p>Date (DD/MM/YY)</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							

Hospital Official Stamp