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): | | | | | | | | | | | | |

2) ILLNESS

Please indicate (√) below:

TYPE OF CRITICAL ILLNESS

CANCER

- ☐ Cancer

CARDIOVASCULAR SYSTEM

- ☐ Arrhythmia Requiring Device Insertion (Pacemaker/Defibrilator)
- ☐ Cardiomyopathy/ Heart Failure
- ☐ Congenital Heart Disease
- ☐ Constictive Pericarditis
- ☐ Coronary Artery Disease/ Ischaemic Heart Disease
- ☐ Heart Attack/ Myocardial Infraction
- ☐ Heart Block Requiring Surgical Intervention/ Pacemaker/Battery Implant
- ☐ Heart Valve Replacement/ Valvular Heart Disease Requiring Replacement
- ☐ Peripheral Vascular Disease
- ☐ Surgery to Aoarta/ Disease of the Aorta Requiring Surgery

NERVOUS SYSTEM

- ☐ Alzheimer's Disease
- ☐ Appalic Syndrome
- ☐ Benign Tumor Of Brain
- ☐ Cerebral Palsy
- ☐ Coma
- ☐ Encephalitis
- ☐ Loss Of Speech
- ☐ Major Head Trauma
- ☐ Meningitis
- ☐ Motor Neurone Disease
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Paralysis
- ☐ Parkinson's Disease
- ☐ Poliomyelitis
- ☐ Stroke
- ☐ Total Permanent Disability

ENDOCRINE/ MEDICAL

- ☐ Epilepsy & Movement Disorders Requiring Deep Brain Stimulation Or Surgery
- ☐ Guillain Barre Syndrome Requiring Immunoglobulin Treatment
- ☐ Morbid Obesity Or Obesity With Multiple Medical Complications And Life Threatening Requiring Bariatric Surgery
- ☐ Pituitary Tumours
- ☐ Sepsis With One Or More Major Organ Failure
- ☐ Type 1 Diabetes With Criteria For Insulin Pump Therapy

OPHTHALMOLOGY

- ☐ Advanced Diabetic Eye Disease- Diagnose By Specialist
- ☐ Age Related Macular Degeneration (Armd)/ Polypoidal Choroidal Vasculopathy (PCV)
- ☐ Blindness
- ☐ Cataract Requiring Surgery (Intraocular Lens-IOL)
- ☐ Corneal Disorders Requiring Corneal Surgery (Corneal Transplant)- Diagnose By Specialist
- ☐ Enopthalmic Socket- Diagnose By Specialist
- ☐ Glaucoma Requiring Surgery With Glaucoma Implant
- ☐ Retinal Vascular Disease- Diagnose By Specialist

GASTROENTEROLOGY/ HEPATOLOGY

- ☐ Chronic Inflammatory Bowel Disease
- ☐ Chronic Liver Disease
- ☐ Fulminant Viral Hepatitis
- ☐ Pulmonary Hypertension

GENITOURINARY SYSTEM

- ☐ Congenital Urinary Abnormalities Requiring Urgent And Major Surgical Intervention
- ☐ Chronic Kidney Disease/ Failure
- ☐ Medullary Cystic Disease
- ☐ Renal Calculi Requiring Surgical Intervention

ORTHOPEDIC

- ☐ Gangrene/ Necrotizing Fasciitis Requiring Amputation
- ☐ Knee Injury Requiring Surgery/ Implant/ Graft
- ☐ Osteoarthritis Requiring Surgery/ Implant
- ☐ Prolapse Intervertebral Disc With Significant Neurological Deficit Requiring Surgery
- ☐ Shoulder Injury With Instability/ Function Compromised Requiring Surgery/ Implant/ Graft
- ☐ Spinal Stenosis With Significant Neurological Symptoms/ Deficit Requiring Surgery
- ☐ Unstable Spine Fractures/ Trauma Requiring Surgery and Implant/ Rehab Equipment

HEMATOLOGY

- ☐ Aplastic Anaemia
- ☐ Haemophilia (Moderate To Severe – Factor Activity <5%)
- ☐ Hematological Malignancies- Leukemia, Multiple Myeloma (acute Or Chronic Leukemia Diagnosed By Physician
- ☐ Hematopoetic Stem Cell Transplantation
- ☐ Idiopathic Thrombocytopenic Purpura (ITP) – Thrombocytopenia Refractory To Convention Steroid Treatment (1st Line Treatment)
- ☐ Lymphoma
- ☐ Myeloproliferative Disorders Requiring Blood Transfusion And/ Or Chelating Agents
- ☐ Thalassaemia Major Requiring Chelating Agent

RESPIRATORY SYSTEM

- ☐ Bronchiectasis
- ☐ Chronic Lung Disease
- ☐ Lung Fibrosis
- ☐ Obstructive Sleep Apnoea
- ☐ Secondary Pulmonary Hypertension
- ☐ Severe Chronic Obstructive Pulmonary Disease (COPD)/ Emphysema

ILLNESS OF CHILD UNDER 16 YEARS OLD

- ☐ Congenital Disease Requiring Medical Or Surgical Intervention
- ☐ Intellectual Impairment Due To Accident Or Sickness
- ☐ Leukaemia
- ☐ Severe Asthma

MENTAL ILLNESS

- ☐ Bipolar Mood
- ☐ Major Depression
- ☐ Schizophrenia

RHEUMATOLOGY

- ☐ Ankylosing Spondyloarthritis Active Disease With Functional Impairment And/ Or Disability
- ☐ Chronic Tophaceous Gout With Functional Impairment And/ Or Disability
- ☐ Psoriatic Arthritis Active Disease With Functional Impairment And/ Or Disability
- ☐ Rheumatoid Arthritis/ Arthritis Of Any Joint With Deformities Requiring Surgery/ Orthosis

MUSCULOSKELETAL SYSTEM

- ☐ Systemic Lupus Erythematosus (SLE) With Major Organ Involvement
- ☐ Systemic Sclerosis/ Scleroderma With Functional Impairment And/ Or Major Organ Involvement

OTHER DISEASES

- ☐ AIDS (Accompanied with AIDS defining disease)/ HIV (Second Line Treatment)
- ☐ Deafness
- ☐ Loss Of Independent Existence
- ☐ Major Burns
- ☐ Major Organ Transplant
- ☐ Terminal Illness

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

Signature

Date (DD/MM/YY)

Hospital Official Stamp