



## PRIVATE RETIREMENT SCHEMES (PRS)

### MEDICAL REPORT ON A PATIENT WITHDRAWING FROM PRS FOR SERIOUS DISEASE (SD)

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 SD

#### 1) Patient's Details

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

NRIC / Passport No. (for Foreigner) :

#### 2) Serious Disease Details

Please indicate (✓) below:

Type of Serious Disease	Explanation
<input type="checkbox"/> Cancer	Illness caused by growth and spreading of cells which are very dangerous and attack of tissues proved with clear histology. This illness includes leukaemia lymphoma and Hodgkin disease but does not include growth which are not dangerous and all type of skin cancer except malignant melanoma.
<input type="checkbox"/> Heart attack	A situation which arises due to death of some part of the heart's muscle caused by lack of blood supply to the heart which is relevant to signs such as chest pain, change in ECG and elevated level of heart enzyme. Heart attack can also cause the following: <ul style="list-style-type: none"> <li>• Replacement or Repair of Heart Valve Procedure where open heart surgery is done to replace or repair heart valve that has been damaged.</li> <li>• Heart Artery Surgery /Coronary Angioplasty Procedure involving coronary artery bypass surgery made to correct the heart's artery which has been clogged including angioplasty.</li> <li>• Aorta Surgery Procedure involving part of aorta which is injured to be operated and replaced with graft. Involved aorta would be thoracic and abdominal aorta</li> </ul>
<input type="checkbox"/> Pulmonary Hypertension	-
<input type="checkbox"/> Chronic Kidney Disease	Illness in which both kidney fails to recover and unable to function and requires renal dialysis and renal transfer.
<input type="checkbox"/> Chronic Liver Disease	Signs of illness are attacked by jaundice, ascites and/or hepatic encephalopathy.

Type of Serious Disease	Explanation
<input type="checkbox"/> Fulminant Viral Hepatitis	Full or part heart necrosis caused by hepatitis virus resulting in heart failure after heart function test is done which also shows massive parenchymal liver disease as well as signs of portosystemic encephalopathy.
<input type="checkbox"/> Head Injury caused by accident	Head Injury caused by accident (including caused by attack) resulting in severe head trauma with neurological deficit which could also cause death when first admitted in the emergency ward, or although safe, patient experience head injury which is permanent or paralysed. Confirmation by nerve specialist or specialist nerve surgeon must be obtained.
<input type="checkbox"/> Tumour And Brain Blood Vessels Defect	Confirmation by nerve specialist or specialist nerve surgeon must be obtained.
<input type="checkbox"/> Blister and Burn due to Fire	Third degree burns which covers 40% of body part which can cause death when first time admitted into hospital or cause functionality defect or cosmetic defect which requires rehabilitative surgery.
<input type="checkbox"/> Major Organ Transplant	Organ transplant such as kidney, heart, lungs, pancreas and bone marrow.
<input type="checkbox"/> Parkinson Disease	-
<input type="checkbox"/> HIV and Aids	-
<input type="checkbox"/> Leg and/or hand transplant	This is not disease in real terms. However, injury and imperfection caused by disease or accident can cause any one of the upper hand part including legs and hip joint to be amputated. <b>Minor amputation of toes or hands is not qualified for PRS withdrawal under this category/ PRS withdrawal for Serious Disease.</b>
<input type="checkbox"/> Chronic Skin Disease	Psoriasis, Phempigus, Steven-Johnson Syndrome
<input type="checkbox"/> Endocrine Disease	Diabetes Mellitus With Complications
<input type="checkbox"/> Rheumatology	Rheumatoid Arthritis, Systemic Lupus Erythemathousus (SLE), Scleroderma, Mixed Connective Tissue Disorder, Ankylosing Spondylitis, Chronic Topacus Gout
<input type="checkbox"/> Major Thalassemia	-

### 3) 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 due to Serious Disease; and
- the PRS Provider may provide copies of this form to other PRS Provider the patient has a PRS account with, the Private Pension Administrator 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


Hospital Official Stamp

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