Zurich Life Insurance Malaysia Berhad
Registration No. 196801000442 (8029-A)
Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia
Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622

NEUROLOGICAL EXAMINATION REPORT (TOTAL PERMANENT DISABILITY)

POLICY NO. : _____ **CLAIM NO.** : _____

INSURED NAME : _____

CONSULTATION FOR THE BELOW ASSESSMENT ON _____

Kindly complete the question below :

		Left	**Right**
1. Vision (Visual Acuity Both Eye)	Normal	☐	☐
	Impaired	☐	☐

Remarks : _____

_____

_____

2. Hearing	Normal	☐	☐
	Impaired	☐	☐

(For ENT Specialist Opinion, Audiometry)

Remarks : _____

_____

_____

3. General Inspection :

i) Is there any abnormal movement? (Please explain in detail, if any)

_____

_____

_____

_____

_____

_____

ii) Is there any muscle wasting? (Please explain in detail, if any)

_____

_____

_____

_____

_____

_____

4. Examination of Limb

Please indicate the power in the boxes provided:

i) Upper Limbs	**Right**		**Left**	
POWER	0 - 3	4 - 5	0 - 3	4 - 5
SHOULDER	☐	☐	☐	☐
ELBOW	☐	☐	☐	☐
WRIST	☐	☐	☐	☐
GRIP	☐	☐	☐	☐

ii) Lower Limbs

HIP	☐	☐	☐	☐
KNEE	☐	☐	☐	☐
ANKLE	☐	☐	☐	☐

Remarks : _____

_____

_____

_____

_____

_____

5. Assessment for activities of daily living

	Not Limited	**Limited**	**Incapable**
i) Eating	☐	☐	☐
ii) Dressing	☐	☐	☐
iii) Using the lavatory	☐	☐	☐
iv) Moving around the room	☐	☐	☐
v) Climbing stairs	☐	☐	☐
vi) ……	☐	☐	☐
vii) …….	☐	☐	☐

Remarks : _____

_____

_____

_____

_____

_____

_____

Signature of Specialist/Medical Officer

Name : _____ Official Stamp & Address :

Tel. No : _____ Date : _____