Zurich Takaful Malaysia Berhad
Registration No. 200601012246 (731996-H)
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

NER_V002

NEUROLOGICAL EXAMINATION REPORT (TOTAL PERMANENT DISABILITY)

CLAIM REFERENCE : _____

CERTIFICATE NO. : _____

PARTICIPANT : _____

Kindly complete the question below:

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

Remarks: _____

_____

_____

		Left	Right
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)	Others			
	a. _____	☐	☐	☐
	b. _____	☐	☐	☐
	c. _____	☐	☐	☐

Remarks :

_____

_____

_____

_____

_____

_____

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_____

_____

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Signature of Medical Officer

Name :_____

Tel. No. :_____

Date :_____

Official Stamp & Address: