AIA

CRITICAL ILLNESS－FIRST HEART ATTACK / LESS SEVERE HEART DISEASE
危疾－首次心臟病 / 次級嚴重心臟疾病

CONFIDENTIAL MEDICAL CERTIFICATE－醫生報告

PART II - To be completed by doctor at Insured's / Claimant's expense 第二部份（受保人或申請人自費由主診醫生填寫)

Policy Number 保單號碼		O4000181
Name of Insured 受保人姓名	ID Card / Passport No. 身分證 / 護照號碼	

GENERAL INFORMATION 一般資料

1. Are you the Insured's usual medical physician?
閣下是否受保人慣常求診之醫生？ ☐ Yes 是 ☐ No 否

   If "Yes", when did the Insured first consult you? 如"是"，請問受保人首次向閣下求診之日期？

   ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年

2. When were you first consulted for this illness?
受保人首次就有關疾病向閣下求診之日期。

   ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年

   What were the signs and symptoms? 受保人之徵狀。

   _____

   How long had the signs and symptoms been present? 該徵狀約存在了多久?

   _____

3. Has the Insured previously suffered from this illness or any related conditions?
受保人是否有同類之病史。 ☐ Yes 有 ☐ No 沒有

   If "Yes", please give dates of consultations and the resulting diagnosis. 如"有"，請提供求診日期及診斷詳細結果。

   _____

4. Please provide the final diagnosis details. 請提供最後診斷之詳情。

   i. On which date was the diagnosis made? 有關疾病之診斷是何時首次確認？

   ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年

   ii. On which date was the Insured first made aware of it? 受保人何時首次知悉有關疾病之診斷？

   ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年

5. Is there anything in the Insured's family history which would have increased the risk of this illness?
受保人之家族病史是否增加受保人患上此病之機會？

   ☐ Yes 是 Related family history (including relationship and age of family member)
   相關家族病史（包括家庭成員的關係和年齡）

   _____

   ☐ No 否

6. Is the Insured a smoker? 受保人是否吸煙人仕？ ☐ Yes 是 ☐ No 否

   If "Yes", what is his / her smoking habit? 若為吸煙人仕，他 / 她的吸煙習慣為何？

   Daily smoking amount 每日吸煙數量：_____ for how many years? 吸食年數：_____

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OTHER / ADDITIONAL INFORMATION 其他 / 附加資料

1. Other physicians or medical facilities the Insured has comsulted for this condition.
   受保人曾經因此病而就診之其他醫生姓名或醫院名稱及地址。

Name of physician / facility 醫生姓名或醫院名稱	Address 地址	Date of consultation / confinement period (MM/DD/YYYY) 求診日期 / 住院時段（月/日/年）

DETAILS OF THE INSURED'S ILLNESS 受保人病況之詳情

1. Please provide full and exact details of the diagnosis. 請提供受保人之所有及確定的診斷詳情。

2. Please describe the attack? 請描述有關之病況。
   i. Date of Attack. 病發日期： MM月 DD日 YYYY年
   ii. Was it a case of angina? 該個案是否心絞痛？ ☐ Yes 是 ☐ No 否
   iii. Was there a history of typical chest pain? 有否典型的胸痛病歷？ ☐ Yes 有 ☐ No 沒有
   If "Yes", please give details of the history. 如"有"，請提供病歷之詳情。

   iv. Was there death of a portion of heart muscle resulted? 有否引致心臟肌肉壞死？ ☐ Yes 有 ☐ No 沒有
   If "Yes", was it caused by surgical or invasive procedure to the heart or the coronary arteries? Or, other causes? Please specify.
   如"有"，心臟肌肉壞死是否因對心臟或冠狀動脈進行任何創傷性或手術程序導致？或其他原因導致？請列明。

   v. Was there elevation of cardiac enzymes or Troponin? 心肌酵素或心肌旋轉蛋白有否升高？ ☐ Yes 有 ☐ No 沒有
   If "Yes", please give details of the date and the result. If serial tests have been done, please list all the results.
   如"有"，請提供有關之化驗日期及結果。若進行了連串的化驗，請列出所有的結果。

Date (MM/DD/YY) 日期 (月/日/年)	Test done 所作之化驗	Result 結果

   vi. (a) Were there new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident?
   在相關心臟事故期間心電圖有否顯示新近具急性心肌梗塞特徵的變化？ ☐ Yes 有 ☐ No 沒有
   (b) Were there new ECG changes indicating insufficient blood supply to the heart muscle at the time of the relevant cardiac incident?
   在相關心臟事故期間心電圖有否新的改變顯示心臟肌肉血液供應不足？ ☐ Yes 有 ☐ No 沒有
   (c) If any of the above is "Yes", please give details of the changes. 如以上任何答案為"有"，請提供有關變化之詳情。

3. Was there history of any past cardiac symptoms or heart attack prior to this incident. If so, please give details.
   此事故前是否有心臟病徵或心肌梗塞的病史？如有，請提供詳情。 ☐ Yes 有 ☐ No 沒有

4. For case with insertion of cardiac pacemaker or defibrillator, 就植入心臟起搏器或除纖顫器的個案：
   i. Did the Insured experience serious cardiac arrhythmia? 受保人有否患有嚴重心律失常？ ☐ Yes 有 ☐ No 沒有
   ii. Please provide surgery details. 請提供手術詳情。

   Date of surgery 手術日期： MM月 DD日 YYYY年
   The hospital where the surgery was performed 手術醫院：

   Name of Surgeon 手術醫生：
   iii. Was the insertion of cardiac pacemaker or defibrillator certified as medically necessary by a cardiologist? 植入心臟起搏器或除纖顫器是否由心臟專科醫生確認為醫療所需？ ☐ Yes 是 ☐ No 否
   Please give the Name and Address of the cardiologist if it is not the undersigned.
   若非由填寫此表格之醫生確認，請提供該專科醫生之姓名及地址。

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5. Please enclose copies of all reports including resting ECGs, exercise stress tests, enzymes assays, isotope studies, imaging (echocardiograms), coronary angiography and any relevant hospital reports that are available. 請提供所有報告包括心電圖、運動心電圖、心肌酵素化驗、同位素化驗、影像報告（心臟超聲波）、冠狀動脈造影檢查報告等，或任何有關的醫院報告。

6. Please state if the Insured has suffered/been treated for any other major illness(es) in the past. 請列明受保人曾患上或接受治療的其他主要疾病。

7. Is there any further information, which in your opinion will assist us in assessing this claim? 請提供其他有助審核本索償個案之資料。

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本人 / 我們現聲明此申請表上所填資料皆為本人 / 我們所知及所信之事實。

Name of Attending Physician / Specialist (with qualifications)
主診 / 專科醫生的姓名（資歷）

Signature (with chop) 簽名（蓋印）

Address and Telephone No. 地址及電話

Date 日期

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