AIA

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	
Name of Insured 受保人姓名	ID Card / Passport No. 身分證 / 護照號碼

CRITICAL ILLNESS－FULMINANT VIRAL HEPATITIS DISEASE / HEPATITIS WITH CIRRHOSIS
危疾－暴發性病毒性肝炎 / 肝炎連肝硬化

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 symptoms? 受保人之病徵。
   _____
   How long had the symptoms been present? 該病徵約存在了多久?
   _____

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 是 ☐ No 否
   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. 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
   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 ☐ 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：_____

Details of "Yes" answers (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities).
如答"是"，請提供診斷結果、日期、病徵持續時期及主診醫生姓名、醫療機構名稱及地址等資料。

OTHER / ADDITIONAL INFORMATION 其他 / 附加資料

1. Please provide names, addresses and dates of doctors and hospitals which the Insured was referred and/or admitted to.
   請提供受保人曾經就診之所有醫生姓名或醫院名稱及地址。
   _____
   _____

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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 extent of the disease. 請描述該病之狀況 。
   i. What is the diagnosis and etiological agent? 請列出有關疾病之診斷結果及其病因？

   _____

   ii. Approximate date of onset. 病發日期：

   MM月 DD日 YYYY年

3. Please complete this section for Fulminant Viral Hepatitis Disease. 暴發性病毒性肝炎，請填寫此部份。
   i. Was there a rapidly decreasing liver size? 肝臟有沒有急劇縮小？ ☐ Yes 有 ☐ No 沒有
   ii. Was there a necrosis involving entire lobules, leaving only a collapsed reticular framework of the liver? 肝臟的小葉是否完全壞死，只剩下倒塌的支架結構？ ☐ Yes 是 ☐ No 不是
   iii. Was there a rapid degeneration of liver function? 肝臟功能測試有沒有急劇退化？ ☐ Yes 有 ☐ No 沒有
   iv. Was there a rapid deterioration of liver enzymes? 肝酶有沒有急劇惡化？ ☐ Yes 有 ☐ No 沒有
   v. Was there any deepening jaundice? 有沒有嚴重及持續加深之黃疸？ ☐ Yes 有 ☐ No 沒有
   vi. Was Hepatic Encephalopathy resulted? 有沒有引致肝性腦病？ ☐ Yes 有 ☐ No 沒有

4. Please complete this section for Hepatitis with Cirrhosis. 肝炎連肝硬化, 請填寫此部份。
   i. Was Inflammation of Liver leading to Cirrhosis resulted? 有沒有引致肝臟發炎並發展成肝硬化？ ☐ Yes 有 ☐ No 沒有

   If "yes", has liver biopsy done to confirm the diagnosis?
   如"有"，有沒有以肝活組織檢查術確診？ ☐ Yes 有 ☐ No 沒有

   What is the biopsy result according to Metavir grading or Knodell fibrosis score? 根據Metavir分級表或Knodell 肝纖維化標準，受保人的肝活組織檢查結果為何? (Please provide copy of biopsy report for reference. 請提供肝活組織檢查報告以供參考。)

   a. Metavir Grading: Histological Stage _____
      Metavir 分級表：屬 _____階段
   b. Knodell fibrosis score: _____
      Knodell肝纖維化標準：_____

   ii. Was the diagnosis of liver cirrhosis confirmed by a gastroenterologist?
   肝硬化是否由腸胃專科醫生確定？ ☐ Yes 是 ☐ No 否

   Please give the Name and Address of the gastroenterologist if it is not the undersigned. 若非由填寫此表格之醫生確認，請提供腸胃專科醫生之姓名及地址。

   _____

5. What is the current condition of the Insured and what is the prognosis? 受保人之現今病況及病情進展。

6. Is the liver disease / disorder related to alcohol and/or drug abuse? If "yes", please give details.
   肝臟疾病 / 紊亂是否與酒精及 / 或濫用藥物有關？如"是"，請提供詳情。

7. Please enclose copies of all surgical reports, X-rays, CT scans, and any other imaging studies, laboratory evidence, angiograms, etc. and any relevant hospital reports that are available.
   請提供所有手術報告、X 光檢查、電腦掃描、及其他影像報告、化驗報告及血管造影術報告等，或任何有關的醫院報告。

8. 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。

9. 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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該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

Name of doctor and qualification 醫生姓名及醫學資格

Signature and official chop 簽署及蓋印

Address and telephone number 地址及聯絡電話

Date 日期

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