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－PULMONARY ARTERIAL HYPERTENSION
危疾－肺動脈高血壓（原發性）

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 pulmonary arterial hypertension? 請描述肺動脈高血壓之狀況。
   i. Was there substantial right ventricular enlargement? 有沒有右心室大幅擴大的徵狀？ ☐ Yes 有 ☐ No 沒有
   ii. Was pulmonary arterial hypertension investigated by cardiac catheterization?
   原發性肺動脈高血壓有沒有透過包括心導管檢查在內的檢查確定？ ☐ Yes 有 ☐ No 沒有
   If "yes", Please state the findings: 如"有"，請列出檢查結果：

   _____

   iii. Was there any permanent irreversible physical impairment as a result of the cardiac condition?
   有沒有導致永久不可復原的心肌功能受損？ ☐ Yes 有 ☐ No 沒有
   If "yes", please describe the impairment: 如"有"，請形容心肌功能受損的情況：

   _____

3. What would you rank the degree of such impairment according to the New York Heart Association classification?
   根據美國紐約心臟病學會之心臟功能分級, 受保人之情況是屬於何等級？

   ☐ Class I (Mild) 第一級（輕微情度）

   ☐ Class II (Mild) 第二級（輕微情度）

   ☐ Class III (Moderate) 第三級（中等情度）

   ☐ Class IV (Severe) 第四級（嚴重情度）

4. In your medical opinion, what was the cause of the pulmonary arterial hypertension. 根據閣下的專業意見，該肺動脈高血壓是因何引致？

5. Please enclose copies of all reports including X-rays, ECGs, ultrasound, cardiac catherization, laboratory tests, pulmonary function studies, etc. and any relevant hospital reports that are available.
   請提供所有診斷報告，如X 光檢查，心電圖，超聲波，心臟導管檢查，化驗及肺功能檢查報告等，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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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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