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－KIDNEY FAILURE / LESS SEVERE KIDNEY DISEASE
危疾－腎衰竭 / 次級嚴重腎臟疾病

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？
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   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。
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   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？
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   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？
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   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。

   _____

   _____

Policy Number 保單號碼 ☐☐☐☐☐☐☐☐☐☐

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 insured's renal disease. 請描述受保人腎病之狀況。

_____

Approximate date of onset. 病發日期：

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MM月 DD日 YYYY年

3. Current renal condition 現時腎病之狀況:

☐ End-stage Chronic Renal Failure (Go to Question 4) 末期腎功能衰竭（請回答第4題。）
☐ Advanced Stage of Chronic Renal Insufficiency (Go to Question 5) 末期慢性腎功能不全（請回答第5題。）
☐ One Kidney Surgically Removed (Go to Question 6) 完全切除一個腎臟（請回答第6題。）
☐ Others (Go to Question 7) 其他（請回答第7題。）

4. Details for End-stage Chronic Renal Failure 末期腎功能衰竭之詳情：

i. Diagnosis date of End-stage Kidney Failure 末期腎功能衰竭之診斷日期：

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MM月 DD日 YYYY年

ii. Are both kidneys involved? 是否兩個腎臟都受牽連？ ☐ Yes 是 ☐ No 否

iii. Is the Insured undergoing regular peritoneal dialysis or haemodialysis?
受保人是否需要進行定期腹膜或血液透析？ ☐ Yes 是 ☐ No 否

If "yes", start date 如"是"，開始接受治療日期：

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MM月 DD日 YYYY年

iv. Has renal transplantation been performed? 有否接受腎臟移植手術？ ☐ Yes 是 ☐ No 否

If "yes", start date 如"是"，接受日期：

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MM月 DD日 YYYY年

5. Details for Advanced Stage of Chronic Renal Insufficiency 末期慢性腎功能不全之詳情：

i. What is the Glomerular Filtration Rate (GFR) calculated with Modification of Diet in Renal Disease (MDRD) formula or Cockcroft-Gault formula? 根據Modification of Diet in Renal Diseases (MDRD)或Cockcroft-Gault公式，受保人的腎小球過濾率(GFR)是多少？

a. Readings by Glomerular Filtration Rate (GFR) calculated with Modification of Diet in Renal Disease (MDRD) formula: 根據Modification of Diet in Renal Diseases (MDRD)公式，腎小球過濾率(GFR)是：_____mL / min 每分鐘 _____毫升

b. Readings by Cockcroft-Gault formula: 根據Cockcroft-Gault公式，腎小球過濾率(GFR)是：_____m^2米體表面積

For how long has this condition lasted? 此情況已持續了多久? _____days 日

ii. Was the diagnosis of kidney impairment confirmed by a registered urologist or nephrologist?
腎功能損害的診斷是否由泌尿科或腎病專科註冊醫生確定？ ☐ Yes 是 ☐ No 不是

Please give the Name and Address of the urologist or nephrologist if it is not the undersigned. 若非由填寫此表格之醫生確認，請提供泌尿科或腎病專科醫生之姓名及地址。

_____

6. Details for Surgical Removal of One Kidney 完全切除一個腎臟之詳情：

i. Which kidney was removed? 哪一個腎臟被切除？ ☐ Left 左 ☐ Right 右

ii. What is the underlying cause leading to the necessity of complete removal of the kidney? 導致需要切除腎臟的原因為何？

_____

iii. Date of surgery 手術日期：

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MM月 DD日 YYYY年

The hospital where the surgery was performed 手術醫院：_____

Name of Surgeon 手術醫生：_____

7. Details for Other conditions 其他狀況之詳情：

i. Please describe the current renal function of the insured and details of treatments provided. 請形容現時受保人腎臟功能之情況及其接受之治療詳情。

Policy Number 保單號碼 | | | | | | | | | | |

8. Please enclose copies of all reports including X-rays, blood test, other laboratory tests, cystocopy report, pyelograms, ultrasound, biopsy reports, surgical procedures and any relevant hospital reports that are available.
請提供所有報告包括X-光檢查，驗血，其他化驗報告，膀胱鏡檢查報告，腎盂X線照片，超聲波，活體檢驗記錄，手術報告，或任何有關的醫院報告。

9. 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。

10. 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。

I / We hereby declare that the information given on this form is true and complete to the best of my / our knowledge and belief.
本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實及其全部。

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I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.
The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

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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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