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－INFECTIVE ENDOCARDITIS / LESS SEVERE INFECTIVE ENDOCARDITIS
危疾－傳染性心內膜炎 / 次級嚴重傳染性心內膜炎

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：_____

7. Other physicians or medical facilities the patient has consulted for this condition.
受保人曾經就診之其他醫生或醫療機構資料。

Name of physician / facility 醫生 / 機構名稱	Address 地址	Date of consultation / confinement period 求診日期 / 住院時段

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。

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

8. Please provide full and exact details of the diagnosis. 請提供該疾病之狀況及其診斷結果。

9. Please describe the extent of the disease. 請描述該疾病之狀況。

(a) Was the blood culture result positively proving the presence of infectious organism?
血液培植結果是否呈陽性反應，證明感染性微生物的存在?

If "yes", please state the type of infectious organism. 如"是", 請列明該感染性微生物的名稱。 ☐ Yes 是 ☐ No 否

_____

(b) Was Infective Endocarditis caused by the following conditions? 傳染性心內膜炎是否由下列情況導致?

i Presence of heart valve incompetenc 出現心臟瓣膜功能不全的情況。

If "yes", please provide the percentage of regurgitant fraction.
如"是"，請提供返流部份的百分比。 ☐ Yes 是 ☐ No 否

_____

ii. Presence of moderate heart valve stenosis. 出現心臟瓣膜狹窄的情況。

If "yes", please provide the percentage of heart valve area of normal value.
如"是"，請提供心臟瓣膜面積為正常值的百分比。 ☐ Yes 是 ☐ No 否

_____

(c) Please indicate how severe the valvular impairment was. 請列出瓣膜受損的嚴重程度。

_____

10. Was the diagnosis confirmed by a cardiologist?
此疾病是否經心臟科醫生確診？ ☐ Yes 是 ☐ No 否

Please give the Name and Address of the cardiologist confirming the diagnosis if it is not the undersigned.
若非由填寫此表格之醫生確診，請提供確診之心臟科醫生的姓名及地址。

_____

_____

11. What treatment received by patient? 病人接受何種治療？

(a) Was there any surgery performed? 受保人有沒有接受手術治療？ ☐ Yes 有 ☐ No 沒有

If "yes", please state details of surgical procedure(s). 如"有"，請列出手術詳情。

Date 日期：

☐☐ ☐☐ ☐☐☐☐
MM月 DD日 YYYY年

Name of Surgical Procedure 手術名稱：_____

Place 地點：_____ Name of Surgeon 手術醫生姓名：_____

(b) Other treatment: 其他治療：

_____

_____

12. Please enclose copies of all reports including, X-rays, CT scans, echocardiogram and any other imaging studies, laboratory evidence, etc. and any relevant hospital reports that are available.
請提供所有報告包括X光檢查、電腦掃描、超聲心動圖及其他影像報告、化驗報告等，或任何有關的醫院報告。

13. 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。

14. 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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I / We hereby declare that the information given on this form is true and complete to the best of my / our knowledge and belief.
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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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