

Part II - Medical Certificate (to be completed by the Attending Physician, duly qualified and registered, at claimant's own expense) in relation to :

第二部份 - 醫療報告 (由索償人自費聘請主診註冊西醫填寫) 有關於 :

Cancer (Definition before 2017)

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukaemia (other than chronic lymphocytic leukaemia) but excludes non-invasive cancers in situ, tumours in the presence of any Human Immunodeficiency Virus and any skin cancer other than malignant melanoma.

癌症（二零一七年前定義）

惡性腫瘤而具有惡性細胞失控的生長及擴散，並對人體組織浸潤，癌症包括白血病（慢性淋巴性白血病除外），但不包括非浸潤性原位癌、任何在人類免疫缺陷病毒存在下出現的腫瘤以及惡性黑素瘤以外的任何皮膚癌。

Name of Patient 病人姓名	ID / Passport No. 身份證 / 護照號碼	Age & Sex 年齡及性別
1. Are you the patient's usual physician? 你是否病人慣常求診的醫生？ <div><input type="checkbox"/> Yes, medical records date back to 是，醫療紀錄可溯至 _____ (DD/MM/YY) 日/月/年</div> <div><input type="checkbox"/> No 不是</div>		
2. When were you first consulted for this or related illness? 病人首次因相同或相關病症向閣下求診的日期？ _____(DD/MM/YY) 日/月/年 Symptoms presented were: 病徵包括：_____		
3. According to the patient, how long had he / she been experiencing these symptoms before the first consultation? 根據病人所提供的資料，病人在首次求診前，其病徵已存在多久？ <div>Since _____ (DD/MM/YY) OR for _____ day(s) _____ month(s) _____ year(s) 從 _____ 日/月/年 或 已存在 _____ 日 _____ 月 _____ 年</div>		
4. (a) Clinical diagnosis 臨床診斷 (b) When was it made? 何時確實這診斷？ _____ (DD/MM/YY) 日/月/年 (c) When was the patient informed of the clinical diagnosis? 病人何時被醫生告知其所患的臨床病症及診斷？ _____(DD/MM/YY) By (name & address of physician): _____ 日/月/年 由 (醫生姓名及地址) (d) How long, in your opinion, has the patient suffered from this illness before his / her first consultation? _____ 根據閣下的意見，病人在接受第一次診療之前，該病症已持續了多久？		
5. (a) Final diagnosis 最後診斷 (b) Date of final diagnosis: 最後診斷日期 _____ (DD/MM/YY) 日/月/年 (c) Was it evolved from other distant tissue or organ? 是否從其他的組織或器官引出？ <div><input type="checkbox"/> Yes, please specify as follows : 是，請提供詳情如下：</div> <div><input type="checkbox"/> No不是</div> <div>i) The name of primary cancer 原發癌症名稱：_____</div> <div>ii) When did symptoms first appear? 病徵何時首次出現？ _____ (DD/MM/YY) 日/月/年</div> <div>iii) Date of diagnosis of the primary cancer: 原發癌症的診斷日期: _____ (DD/MM/YY) 日/月/年</div> (d) When was the patient informed of the diagnosis? 病人何時被醫生告知其所患的病症及診斷？ _____(DD/MM/YY) By (name & address of physician): _____ 日/月/年 由 (醫生姓名及地址)：		
6. Please provide full details of the diagnosis and its clinical basis. 請提供所有診斷及臨床診斷的詳情		
7. Was the patient referred to you from other physician(s)? 病人是否由其他醫生轉介？ <div><input type="checkbox"/> Yes, _____ (DD/MM/YY) By (name & address of physician): _____ 是， _____ 日/月/年 由 (醫生姓名及地址)：</div> <div><input type="checkbox"/> No不是</div>		
8. Has the patient ever been treated for the same/related conditions ? 病人有否曾經接受相同/相關的病症治療？ <div><input type="checkbox"/> Yes, please provide details : 有，請詳述：</div> <div><input type="checkbox"/> No 沒有</div> <div><div>Consultation Dates (DD/MM/YY) 就診日期 日/月/年</div><div>Physician / Hospital 醫生/ 醫院全名</div><div>Diagnosis 診斷</div><div>Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情</div></div>		



<p>9. Is there any patient's family history which would increase the risk of this illness? 病人是否因其任何的家族病史而增加患上此疾病的機會?</p> <p><input type="checkbox"/> Yes, please provide details : 有, 請詳述: _____ <input type="checkbox"/> No 沒有</p>									
<p>10. Does the patient smoke cigarette? 病人是否有吸煙習慣?</p> <p><input type="checkbox"/> Yes, has been smoking since 有, 由 _____ (DD/MM/YY) 日/月/年開始吸煙 <input type="checkbox"/> No 沒有</p> <p><input type="checkbox"/> Ex-smoker, started on _____ (DD/MM/YY), ceased on _____ (DD/MM/YY) 前吸煙者, 開始於 _____ (日/月/年), 於 _____ (日/月/年) 停止</p>									
<p>11. All consultants, specialists and hospitals to which your patient has been referred to or attended for this illness 病人因此病症而曾接受過診治的, 或曾被轉介過的所有醫生 (普通科及專科) 和醫院的名稱</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Consultation Date (DD/MM/YY) 就診日期</th> <th style="text-align: left; border-bottom: 1px solid black;">Physician / Hospital 醫生/ 醫院全名</th> <th style="text-align: left; border-bottom: 1px solid black;">Diagnosis 診斷</th> <th style="text-align: left; border-bottom: 1px solid black;">Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>		Consultation Date (DD/MM/YY) 就診日期	Physician / Hospital 醫生/ 醫院全名	Diagnosis 診斷	Treatment and Investigation Results / Hospitalization 任何醫療診治及檢查結果 / 住院詳情				
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<p>12. (a) What is the staging of the Tumor? 腫瘤被界別為第幾級別? _____</p> <p>(b) Was the tumour a carcinoma-in-situ tumour? 腫瘤是否原位癌?</p> <p><input type="checkbox"/> Yes, please provide details : 是, 請詳述: _____ <input type="checkbox"/> No 沒有</p> <p>(c) Was there invasion of adjacent tissues? 腫瘤有否擴散並浸潤到其他鄰近的細胞?</p> <p><input type="checkbox"/> Yes, the invaded adjacent tissue is : 有, 組織包括: _____ <input type="checkbox"/> No 沒有</p> <p>(d) Was there distant metastasis to other organ(s)? 腫瘤有否轉移到其它身體器官?</p> <p><input type="checkbox"/> Yes, please provide details : 有, 請詳述: _____ <input type="checkbox"/> No 沒有</p> <p>(e) What tests were performed to confirm the diagnosis? (Please enclose copies of all laboratory reports and relevant medical reports that are available) 有什麼檢驗結果讓閣下能確定此診斷? (請提供有關檢驗報告及醫療報告副本)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Test Date (DD/MM/YY) 檢驗日期(日/月/年)</th> <th style="text-align: left; border-bottom: 1px solid black;">Test Item 檢驗項目</th> <th style="text-align: left; border-bottom: 1px solid black;">Result / Histopathological Diagnosis 結果/ 病理組織診斷</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>		Test Date (DD/MM/YY) 檢驗日期(日/月/年)	Test Item 檢驗項目	Result / Histopathological Diagnosis 結果/ 病理組織診斷					
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<p>13. If the diagnosis is leukaemia, please advise what type of leukaemia the patient has? 如診斷為白血病, 請提供確實的白血病之類別?</p> <p style="height: 40px;"></p>									
<p>14. Details of current treatment 現時接受的治療及詳情</p> <p style="height: 40px;"></p>									
<p>15. Current Prognosis 現時進展及其狀況</p> <p style="height: 40px;"></p>									
<p>16. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料</p> <p style="height: 40px;"></p>									
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A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukaemia but excludes any of the following: any tumour which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential; any Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion; any tumours in the presence of any Human Immunodeficiency Virus; chronic lymphocytic leukaemia less than Rai Stage III; any skin cancer other than malignant melanoma; any thyroid tumour which is histologically classified as T1N0M0 or a lower stage according to the TNM classification system; and any prostate tumour which is histologically classified as T1a or T1b or a lower stage according to the TNM classification system.

惡性腫瘤而具有惡性細胞失控的生長及擴散，並對人體組織浸潤，癌症包括白血病，但不包括以下任何情況：任何在組織學中分類為癌前病變、非浸潤性、或原位癌，或交界性或低惡性潛力的腫瘤；任何子宮頸上皮內瘤樣病變（CIN I、CIN II或CIN III）或子宮頸鱗狀上皮內病變；任何在人類免疫缺陷病毒（HIV）存在下出現的腫瘤；RAI第III期以下的慢性淋巴性白血病；任何惡性黑色素瘤以外的所有皮膚癌；根據TNM評級系統，任何在組織學上被界定為T1N0M0或以下級別的甲狀腺腫瘤；及根據TNM評級系統，任何在組織學上被界定為T1a或T1b或以下級別的前列腺腫瘤。

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