

**Part II Medical Certificate (to be completed by the Attending Physician, 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:

**Carcinoma-in-situ**

Focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration beyond the epithelial basement membrane.

The diagnosis of Carcinoma-in-situ must always be supported by a histopathological biopsy report and confirmed by a Registered Specialist in the relevant field. Clinical or cytological diagnosis alone does not meet this standard.

For Carcinoma-in-situ of Cervix Uteri, it must be classified as a cervical intraepithelial neoplasia grade III (CIN III) or carcinoma-in-situ (CIS).

Carcinoma-in-situ of the skin (including melanoma-in-situ) is excluded.

**原位癌**

癌細胞的局部自行生長而沒有浸潤正常組織。「浸潤」是指浸潤透過上皮基膜。

原位癌必須由病理活組織檢測結果作證，並經相關醫學範疇的註冊專科醫生確認。單憑臨床及細胞診斷將不足以符合本準則。

就子宮頸原位癌，程度須被界定為第三階段的子宮頸上皮內瘤樣病變(CIN III)或原位癌(CIS)。

皮膚原位癌(包括原位黑色素瘤)將不為受保項目。

\*Definition of Carcinoma-in-situ is according to the policy provision\*

\*原位癌的定義概以保單合約條款為準\*

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? <input type="checkbox"/> Yes. Medical records dated back to 是, 醫療紀錄可溯至  _____   _____   _____  (DD/MM/YY) (日/月/年) <input type="checkbox"/> No 不是		
2. When were you first consulted for his/her illness(es)? 病人首次因此疾病向閣下求診的日期是那日?  _____   _____   _____  (DD/MM/YY) (日/月/年)    Presenting signs & symptoms 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, 已經歷其病狀多久? Since  _____   _____   _____  (DD/MM/YY)    OR    For _____ day(s) _____ month(s) _____ year(s) 從 _____ (日/月/年)    或    已存在 _____ 日    _____ 月    _____ 年		
4. (a) Clinical diagnosis 臨床診斷 (b) When was it made? 何時確診這診斷?  _____   _____   _____  (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) (日/月/年) by (name & address of physician) 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 最終診斷日期  _____   _____   _____  (DD/MM/YY) (日/月/年) (c) Date the patient was informed of the diagnosis 病人被告知最後診斷的日期為  _____   _____   _____  (DD/MM/YY) (日/月/年) By (name & address of physician) 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?

Yes, 是 |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| (DD/MM/YY) (日/月/年)  No 不是

By (name & address of physician) 由(醫生姓名及地址): \_\_\_\_\_

8. Has the patient ever been treated for the same/related conditions?

Yes, please provide details : 有, 請詳述:  No 沒有

Consultation Date (DD/MM/YY)  
就診日期 日/月/年

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

9. Is there any patient's family history which would increase the risk of the above final diagnosis? 病人是否有任何既往家族病史而增加上述最終診斷的風險?

Yes, please provide details : 有, 請詳述:

No 沒有

10. Does the patient smoke cigarette? 病人是否有吸煙習慣?

Yes, has been smoking since 有, 由|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| (DD/MM/YY) (日/月/年) 開始吸煙

Ex-smoker, started on 前吸煙者, 開始於 |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| (DD/MM/YY) (日/月/年),  
ceased on 於|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| (DD/MM/YY) (日/月/年)停止

11. All consultations, 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) 和醫院名稱

Consultation Date (DD/MM/YY)  
就診日期 日/月/年

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

12. Is there any invasion of carcinomatous cells to normal tissue?

癌細胞有否浸潤到其他正常的組織?

Yes, please provide full details: 有, 請詳述:

No 沒有

13. What is the prognosis of the patient?

病人現時進展及狀況

14. 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? (請提供檢驗報告及醫療報告副本)

Test Date (DD/MM/YY)  
檢驗日期 日/月/年

Test Item  
檢驗項目

Diagnosis/ Result  
診斷/ 結果

15. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料

Name of Attending Physician \_\_\_\_\_

主診醫生姓名

Qualification \_\_\_\_\_

專業資格

Hospital Name (if applicable) \_\_\_\_\_

醫院名稱(如適用)

Telephone No. \_\_\_\_\_

電話號碼

Address \_\_\_\_\_

地址

Signature & Hospital/ Physician's Chop \_\_\_\_\_

醫院/ 醫生簽署及蓋印

Date (DD/MM/YY) \_\_\_\_\_

日期 (日/月/年)