

**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:**

**Heart Attack**

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:

- a history of typical chest pain; and
- new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
- the characteristic rise of cardiac enzymes CK-MB or troponin T > 1.0ng/ml or troponin I > 0.5ng/ml.

Angina is specifically excluded

**心臟病發作**

因心臟血液供應不足，引致部份心臟肌肉（心肌）壞死，並須符合下列所有準則：

- 典型胸痛病史；及
- 心肌梗塞特有的新近心電圖變化，顯示在相關心臟事故發生時有急性心肌梗塞；及
- 心臟酵素CK-MB有特性的上升或心肌鈣蛋白T (Troponin T)達到1.0ng/ml以上或心肌鈣蛋白I (Troponin I)達到0.5ng/ml以上。

心絞痛則明確不受此保障。

Name of Patient 病人姓名	ID / Passport No. 身份證 / 護照號碼	Age & Sex 年齡及性別
<p>1. Are you the patient's usual physician? 你是否病人慣常求診的醫生?</p> <p><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</p>		
<p>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?</p> <p>_____ (DD/MM/YY) (日/月/年)    Presenting signs &amp; symptoms were 病徵包括: _____</p>		
<p>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?</p> <p>Since _____ (DD/MM/YY)    OR    For _____ day(s) _____ month(s) _____ year(s)            從 _____ (日/月/年)    或    已存在 _____ 日    月    年</p>		
<p>4. (a) Clinical diagnosis 臨床診斷</p> <p>(b) When was it made? 何時確診這診斷? _____ (DD/MM/YY) (日/月/年)</p> <p>(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 &amp; address of physician) 由(醫生姓名及地址): _____</p> <p>(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，病人在接受第一次治療之前，該病症已持續了多久? _____</p>		
<p>5. (a) Final diagnosis 最後診斷</p> <p>(b) Date of final diagnosis 最終診斷日期 _____ (DD/MM/YY) (日/月/年)</p> <p>(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 &amp; address of physician) 由(醫生姓名及地址): _____</p>		
<p>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</p>		
<p>7. Was the patient referred to you from other physician(s)? 病人是否由其他醫生轉介?</p> <p><input type="checkbox"/> Yes, 是 _____ (DD/MM/YY) (日/月/年)    <input type="checkbox"/> No 不是</p> <p>By (name &amp; address of physician) 由(醫生姓名及地址): _____</p>		
<p>8. 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?</p> <p><input type="checkbox"/> Yes, please provide details : 有，請詳述: _____    <input type="checkbox"/> No 沒有</p>		

9. 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

10. 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

<u>Consultation Date (DD/MM/YY)</u> 就診日期 日/月/年	<u>Physician/ Hospital</u> 醫生/ 醫院全名	<u>Diagnosis</u> 診斷	<u>Treatment and Investigation Results/ Hospitalization</u> 任何醫療診治及檢查結果/ 住院詳情
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11. Date of Heart Attack, 心臟病發作日期 |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| (DD/MM/YY) 日/月/年

12. (a) Was there a history of typical chest pain? 有否典型胸痛病史?

Yes, please provide details and date of the chest pain

是, 請詳述胸痛的情況及日期 \_\_\_\_\_

No 沒有

(b) Was there a serial elevation of cardiac enzymes (including Cardiac enzymes CK-MB, troponin T or troponin I) documented?

是否有連續性心臟酵素 (包括心臟酵素CK-MB、心肌鈣蛋白T 或 心肌鈣蛋白 I) 上升之文件記錄?

Yes, date(s) and period

有, 日期及持續時段 \_\_\_\_\_

No 沒有

Please provide details of Cardiac enzymes CK-MB, troponin T or troponin I reading (in ng/ml) (Please enclose copies of cardiac enzymes reports)

請提供心臟酵素CK-MB、心肌鈣蛋白T 或 心肌鈣蛋白 I 的讀數(in ng/ml) (請提交心臟酵素報告副本)

\_\_\_\_\_ ng/ml

(c) Were there any new ECG changes indicative of a myocardial infarction? (Please enclose copies of ECG reports)

心電圖報告有否新的心電圖變化以顯示出心肌梗塞? (請提交心電圖報告副本)

Yes, please provide details.:

有, 請詳述變化情況 \_\_\_\_\_

No 沒有

(d) Is this Heart Attack an acute condition? How long has the symptom lasted for?

是次心臟病發是否急性病發? 其病徵存在了多久?

Yes, please provide details.:

是, 請詳述 \_\_\_\_\_

No 不是

(e) Was there any death of a portion of the heart muscle has been caused by the inadequate supply of blood?

心肌有否因為心肌供血不足而導致部份壞死?

Yes, location

有, 位置 \_\_\_\_\_

No 沒有

(f) 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)

Test Date (DD/MM/YY) 檢驗日期 (日/月/年)

Test Item 檢驗項目

Result/ Final Diagnosis 結果 / 最後診斷

13. Has the patient ever had history of stroke in the PAST and/ or any history of related illness, heart problem, hypertension, diabetes mellitus, high blood cholesterol or obesity? 病人過往是否有中風及/或相關的病症、心臟疾病、高血壓、糖尿病、高膽固醇或肥胖的病史?

Yes, please provide full details 有, 請詳述

No 沒有

Consultation Dates (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

14. 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)