CRISIS COVER CLAIM FORM 危疾理賠申請書 Policy No. 保單號碼 ____________________

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：

AIDS due to Blood Transfusion
The Life Assured being infected by Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) provided that:
- the infection is due to blood transfusion received after the effective date of this benefit or the date of any reinstatement, whichever is later; and
- the blood transfusion is received on the advice of and under the regular care and attention of a Registered Doctor and is received in a legally constituted Hospital (as defined below) in Hong Kong; and
- the infected Life Assured is not a haemophiliac; and
- certification is received from the Registered Doctor performing the relevant blood transfusion and from the legally constituted blood or blood product supplier in Hong Kong which supplied the particular blood or blood product for the relevant transfusion confirming that the Life Assured is infected by HIV or AIDS through blood transfusion.

Hospital means a legal constituted establishment operated pursuant to the laws of the country in which it is based and which
- provides care and treatment of sick and injured persons on a resident inpatient basis; and
- has facilities for major surgery; and
- provides full time nursing service; and
- is under the supervision of a Registered Doctor; and
- is not primarily a clinic, a place for the aged, persons with mental disorders, alcoholics or drug addicts, a nursing, rest or convalescent home.

因輸血引致的愛滋病
受保人在下列情況下感染人類免疫缺陷病毒（愛滋病病毒）或後天免疫缺陷綜合徵（愛滋病）：
- 該感染於保障生效的日期或任何復效日期後（以較遲者爲準）因接受輸血引致；及
- 輸血是在註冊醫生的建議及正常照顧及護理下，於香港合法醫院（見下文定義）進行；及
- 受感染的受保人並非血友病患者；及
- 進行輸血的註冊醫生，以及提供有關輸血所用的特定血液或血液製品的香港合法血液或血液製品供應商，證實受保人是由於輸血而感染了人類免疫缺陷病毒或愛滋病。

醫院是指合法組成並根據其所處國家的法律營運的機構，並且
- 以住院形式爲病人或傷者提供護理及治療；
- 具備進行大型手術的設備；
- 提供全日的護理服務；
- 由註冊醫生監管；
- 主要並非用作診所，或爲長者、精神紊亂人士、酗酒人士或有毒癮人士而設的收容中心，或護理中心或療養院。

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?

   ❒ Yes, medical records date back to 是，醫療紀錄可溯至 |______|______|______| (DD/MM/YY) 日/月/年 ❒ No 不是

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?

   Since 從 |______|______|______| (DD/MM/YY) 日/月/年 OR 或 for 已存在 ______day(s) 日 ______ month(s) 月 ______year(s) 年

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) 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: 最後診斷日期 |______|______|______| (DD/MM/YY) 日/月/年

   (c) 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) 日/月/年 By (name & address of physician): 由 (醫生姓名及地址)： ____

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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, |______|______|______| (DD/MM/YY) By (name & address of physician): ______________________________ ❒ No 不是
是， 日/月/年 由 (醫生姓名及地址)：

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？
❒ Yes, please provide 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

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?

❒ 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 ❒ No 沒有

❒ 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

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

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. Was the infection of Human Immuno-deficiency Virus (HIV) or Acquired-deficiency Syndrome (AIDS) due to blood transfusion?
病人是否因輸血而感染人類免疫缺陷病毒（愛滋病病毒）或後天免疫缺陷綜合徵（愛滋病）?

❒ Yes, please answer the followings: 是，請回答下列問題
❒ No, please go to Question 13. 不是，請回答第13題

(a) When and where did the patient receive the blood transfusion? 病人於何時及什麼地點接受輸血?

On (DD/MM/YY) at (place)
於 ______________________ (日/ 月 /年) 在 ______________________ (地點) 進行

(b) How did you confirm that the aforesaid infection was due to blood transfusion? 閣下如何確定上述感染是由輸血所導致?

(c) Please provide dates of all HIV and/or antibody tests performed and the results. 請提供愛滋病病毒及/或的檢驗日期及結果。

Test Date (DD/MM/YY) 檢驗日期(日/月/年)	Test Item 檢驗項目	Result 結果

(d) Was the blood transfusion recommended by you or any other registered medical practitioner? 是否由閣下或其他註冊醫生建議這次輸血?

❒ Yes, the blood transfuction was recommended by (name & address of physician):

是，由(醫生姓名及地址) ____ 建議

❒ No 不是

(e) Why was the blood transfusion recommended? 病人爲什麼被建議進行輸血?

12. (f) Was the blood supplied by a legally blood and / or blood product supplier in Hong Kong?
病人所輸的血液是否由香港合法血液或血液製品供應商所供應?

❒ Yes, Name and address of the supplier
是，該供應商的名稱及地址:

❒ No, source of blood and / or blood product supplied
不是，血液或血液製品的來源:

Name and address of the supplier
該供應商的名稱及地址:

(g) Was the patient under a Registered Doctor's regular care and attention before and / or after the blood transfusion?
病人在輸血前後有否由註冊醫生的照顧及護理?

❒ Yes, details of regular care and attention received:
有，正常照顧及護理的詳情:

❒ No, reason:
沒有，原因:

13. What is/are the underlying cause(s) leading to the patiemt suffering this from HIV or AIDS ? 什麼原因引致病人染上愛滋病病毒/ 患上愛滋病?

14. Did the patient belong to any of the following groups? 病人是否屬於以下群組?

❒ Homosexual and bisexual 同性及雙性者
❒ Intravenous drug user 經由靜脈注射藥物者
❒ Haemophiliac 血友病患者
❒ Spouses and sexual partners of the above groups 上述群組的配偶或性伴侶

15. 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 / Diagnosis 結果/診斷

16. Is the disease diagnosed to be directly or indirectly caused by or result from 診斷病症是否直接或間接由下列引起或導致
❒ self-inflicted injuries while sane or insane 在神志正常或失常的情況下蓄意自殘
❒ Wilful misuse of any alcohol,narcotic or drug 酗酒，濫用葯物或毒品

Please give details if any of the above item(s) is/are applicable. 如上述適用者， 請提供詳情

17. What is the prognosis of the patient? 病人現時進展及狀況

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

Name of Physician ______________________________
醫生姓名

Qualification ______________________________
資歷

Hospital Name (if applicable) ______________________________
醫院名稱(如適用)

Telephone No.______________________________
聯絡電話

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)

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