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:

	ndness al and irrecoverable loss of sight in both eyes.				
失	<b>明</b> 艮完全失明並不可復原。				
Na	me of Patient 病人姓名	ID / Passport No. 身份記	登/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	5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 Symptor	ms presented were: 病徵句	<u> </u>		
3.	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    (DD/MM/YY) OR for	day(s) mo 字在   日	nth(s)year(s) 月    年		
4.	(a) Clinical diagnosis 臨床診斷				
	(b) When was it made? 何時確實這診斷?	(DD/MM/YY) ⊟/	'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 & addr 日/月/年 由 (醫生姓名及地				
	(d) How long, in your opinion, has the patient suffered from 根據閣下的意見,病人在接受第一次診療之前,該病症		er first consultation?		
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) 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 ba	asis. 請提供所有診斷及臨	床診斷的詳情		
7.	Was the patient <b>referred to</b> you from other physician(s)? 症				
	□ Yes,    (DD/MM/YY) By (name & 是, □ □/月/年 由(醫生姓:	& address of physician): _ :名及地址):			□ No 不是
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: Consultation Dates (DD/MM/YY) Physician / Hospital	Diagnosis	Treatment and Investigation Re	oculte / Hospitalization	□ No 沒有
	就診日期 日/月/年 <b>BE</b> 生/ <b>B</b> 院全名	<u>blagnosis</u> 診斷	任何醫療診治及檢查結果 / 住院		

9.	is there any patient's family history which would increase the risk of this	s illness? 病人是否因具仕何的家族病史而增加患上此疾病的機曾?				
	□ 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/MI	M/YY)日/月/年開始吸煙 □ No 沒有				
		on [  (DD/MM/YY) (日/月/年) 停止				
	前吸煙者 , 開始於 (日/月/年) , 於	(口/月/平) 停止				
11.	<ol> <li>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</li> </ol>					
	Consultation Date (DD/MM/YY) Physician / Hospital Dia	agnosis Treatment and Investigation Results / Hospitalization				
	就診日期       日/月/年       醫生/ 醫院全名       診					
12.	What was the cause of the loss of sight? 什麼原因引致病人的失明?					
13.	(a) The present visual acuity of both eyes 病人雙眼現時的視覺敏銳度					
10.	Left Eye 左眼	Right Eye 右眼				
	(b) What kinds of treatment are currently provided and / or will be prov	rided to the patient? 病人現正在/將會接受什麼類型的治療?				
		100000000000000000000000000000000000000				
	(a) Is there any other surger //treatment helps to improve the nation!'s	visual acuity in both eyes? 有否手術或治療可改善病人雙眼的視覺敏銳度?				
	(c) is there any other surgery/freatment helps to improve the patients					
	□ Yes, please provide details: 有,請詳述:	□ No 沒有				
	(d) Are there any plans to conduct further tests? 有否計劃進行其他測	註?				
	□ Yes, please provide details : 有,請詳述	□ No 沒有				
14.	Was the loss of sight permanent and irrecoverable in both eyes? (Pl	lease enclose copies of all supportive reports and relevant medical reports that are				
	available). 病人的雙眼是否完全失去視力並不可復原? (請提供有關檢驗報告及醫療:	報告副本)				
	□ Yes, please provide details:是,請詳述:	□ No 不是				
	Test Date (DD/MM/YY) 檢驗日期(日/月/年) Test Item 檢驗	項目 Result / Diagnosis 結果/診斷				
15.	Can you determine that the patient's both eyes are" Legally Blind"? (F	Please enclose copies of all supportive reports and relevant medical reports that are				
	available) 閣下能否介定病人的雙眼是否「法定失明」? (請提供有關檢驗報告及醫					
	, , , , , , , , , , , , , , , , , , ,					
	□ Yes, please provide details : 有,請詳述 :	□ No 沒有				
	Test Date (DD/MM/YY) 檢驗日期(日/月/年) Test Item 檢驗	項目 Result / Diagnosis 結果/診斷				
40	What is the prognosis of the patient? 病人現時進展及狀況					
16.						
	What is the prognosis of the patient? - 病人現时進展及派流					
	What is the prognosis of the patient? 两人规时连接及派流					
17		土田 力類 似 恣料				
17.	Other additional information for the current diagnosis 其他有關此診斷統	吉果之額外資料				
17.		吉果之額外資料				
	Other additional information for the current diagnosis 其他有關此診斷統					
Nai 醫生	Other additional information for the current diagnosis 其他有關此診斷縮 me of Physician b姓名	 Qualification 資歷				
Nai 醫生 Hos 醫隊	Other additional information for the current diagnosis 其他有關此診斷縮 me of Physician 上姓名 spital Name (if applicable)	 Qualification 資歷				
Nai 醫生 Hos 醫隊	Other additional information for the current diagnosis 其他有關此診斷縮 me of Physician 上姓名 spital Name (if applicable) 元名稱(如適用) dress_	Qualification 資歷 Telephone No				
Nai 醫生 Hos 醫 Add 地址 Sig	Other additional information for the current diagnosis 其他有關此診斷縮 me of Physician 上姓名 spital Name (if applicable) 元名稱(如適用) dress_	Qualification 資歷 Telephone No 聯絡電話				