

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 :

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| <p>Terminal Illness In the opinion of the medical specialist involved and subject to the acceptance of our appointed Registered Doctor the advent of death is highly likely within 12 months.</p> <p>末期疾病 根據有關專科醫生的意見，受保人很有可能於12個月內身故，並獲本公司之指定註冊醫生接納。</p> |
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| 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? <input type="checkbox"/> Yes, medical records date 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 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: _____</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，其病徵已存在多久? Since _____ (DD/MM/YY) OR for _____ day(s) _____ month(s) _____ year(s) 從 _____ 日/月/年 或 已存在 _____ 日 _____ 月 _____ 年</p> | | | | | | | | | | |
| <p>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?</p> | | | | | | | | | | |
| <p>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):</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? <input type="checkbox"/> Yes, _____ (DD/MM/YY) By (name & address of physician): _____ <input type="checkbox"/> No 不是 是， _____ 日/月/年 由 (醫生姓名及地址):</p> | | | | | | | | | | |
| <p>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? <input type="checkbox"/> Yes, please provide details: 有，請詳述: <input type="checkbox"/> No 沒有 <table border="0"> <tr> <td><u>Consultation Dates</u> (DD/MM/YY)</td> <td><u>Physician / Hospital</u></td> <td><u>Diagnosis</u></td> <td><u>Treatment and Investigation Results / Hospitalization</u></td> </tr> <tr> <td>就診日期 _____ 日/月/年</td> <td>醫生/ 醫院全名 _____</td> <td>診斷 _____</td> <td>任何醫療診治及檢查結果 / 住院詳情 _____</td> </tr> </table> </p> | | | <u>Consultation Dates</u> (DD/MM/YY) | <u>Physician / Hospital</u> | <u>Diagnosis</u> | <u>Treatment and Investigation Results / Hospitalization</u> | 就診日期 _____ 日/月/年 | 醫生/ 醫院全名 _____ | 診斷 _____ | 任何醫療診治及檢查結果 / 住院詳情 _____ |
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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

| <u>Consultation Date</u> (DD/MM/YY) 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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12. What treatment(s) has/have been rendered to patient in order to relieve the symptoms? 有什麼治療給予病人以舒緩其症狀?

13. Can you confirm that advent of death is highly probable within 12 months? 閣下能確定病人很有可能於12個月內身故?
 Yes, please provide details on what basis do you come to the abovesaid conclusion
有, 請詳述閣下根據什麼準則來作出以上推論 No 沒有

14. Has any active therapy rejected in favour of relieving the symptoms? 有否放棄任何有利舒緩病人症狀的治療?
 Yes, please provide details of the therapy and reason
有, 請詳述該治療及原因 No 沒有

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)

| <u>Test Date</u> (DD/MM/YY) 檢驗日期(日/月/年) | <u>Test Item</u> 檢驗項目 | <u>Result / Final Diagnosis</u> 結果/ 最後診斷 |
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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, 濫用藥物或毒品
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

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| 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) |

