

CONFIDENTIAL MEDICAL CERTIFICATE 醫生報告

CRITICAL ILLNESS – First Heart Attack / Less Severe Heart Disease

危疾 – 首次心臟病 / 次級嚴重心臟疾病

PART II - To be completed by doctor at the expenses of the Insured/ Claimant

第二部份（由主診醫生填寫，所需費用由受保人或申請人承擔。）

Policy No.
保單號碼

Name of Insured
受保人姓名

HKID Card No.
身分證號碼

General Information 一般資料

1. Are you the Insured's usual medical physician?
閣下是否受保人慣常求診之醫生？

☐ Yes 是 ☐ No 否

If "yes", when did the Insured first consult you?
如“是”，請問受保人首次向閣下求診之日期？

Day 日 Month 月 Year 年

2. When were you first consulted for this illness?
受保人首次就有關疾病向閣下求診之日期？

Day 日 Month 月 Year 年

What were the symptoms?
受保人之病徵

How long had the symptoms been present?
該病徵約存在了多久？

3. Has the Insured previously suffered from this illness or any related conditions?
受保人是否有同類之病史？

☐ Yes 是 ☐ No 否

If "yes", please give the resulting diagnosis and dates of consultations
如“是”，請提供詳細診斷結果及求診日期。

The resulting diagnosis 詳細診斷結果

Day 日 Month 月 Year 年

4. On which date was the diagnosis made?
有關疾病是何時首次確診？

Day 日 Month 月 Year 年

On which date was the Insured first made aware of it?
受保人何時首次知悉有關疾病之診斷？

Day 日 Month 月 Year 年

5. Is there anything in the Insured's family history which would have increased the risk of this illness?
受保人之家族病史是否增加受保人患上此病之機會？

☐ Yes 是 ☐ No 否

If yes, please provide details.
如有，請提供詳情。

6. Is the Insured a smoker? 受保人是否吸煙人士？ If "Yes", what is his/her smoking habit? 如“是”，他/她的吸煙習慣為何？	<input type="radio"/> Yes 是 <input type="radio"/> No 否 Daily smoking amount 每日吸煙數量: _____ for how many years? 吸食年數: _____
7. Does the Insured have alcohol drinking habit? 受保人是否有飲酒習慣？ If "Yes", what is his/her drinking habit? 如“是”，他/她的飲酒習慣為何？	<input type="radio"/> Yes 是 <input type="radio"/> No 否 Daily alcohol consumption 每日飲酒數量: _____ for how many years? 飲酒年數: _____
8. Does the Insured have any drug addiction? 受保人是否藥物成癮？ If "Yes", what is his/her drug addiction? 如“是”，他/她的用藥習慣為何？	<input type="radio"/> Yes 是 <input type="radio"/> No 否 Name and type of drug 藥物品種及名稱: _____ for how many years? 服食藥物年數: _____

OTHER/ADDITIONAL INFORMATION 其他/附加資料

1. Please provide names, addresses and dates of doctors and hospitals which the Insured was referred and/or admitted to. 請提供受保人曾經就診之所有醫生姓名或醫院名稱及地址。

Name(s) 醫生姓名	Name of Hospital (s) 醫院名稱	Address 地址

DETAILS OF THE INSURED'S ILLNESS 受保人病況之詳情

1. Please provide full and exact details of the diagnosis. 請提供受保人之所有診斷結果與詳情。			
2. Please describe the attack 請描述有關病況			
i. Date of Attack. 病發日期	Day 日	Month 月	Year 年
	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Was it a case of angina? 該個案是否心絞痛？	<input type="radio"/> Yes 是	<input type="radio"/> No 否	
iii. Was there a history of typical chest pain? 有否典型的胸痛病歷？	<input type="radio"/> Yes 是	<input type="radio"/> No 否	
If "yes", please give details of the history. 如“有”，請提供詳細病歷。			
iv. Was there death of a portion of heart muscle resulted? 有否引致心臟肌肉壞死？	<input type="radio"/> Yes 是	<input type="radio"/> No 否	
If "yes", was it caused by surgical or invasive procedure to the heart or the coronary arteries? Or, other causes? Please specify. 心臟肌肉壞死是否因對心臟或冠狀動脈進行任何創傷性或手術程序導致？或其他原因導致？請列明。			
v. Was there elevation of cardiac enzymes or Troponin? 心肌酵素或心肌旋轉蛋白有否升高？	<input type="radio"/> Yes 有	<input type="radio"/> No 沒有	

If “yes”, please give details of the date and the result. If serial tests have been done, please list all the results.

如“有”，請提供有關之化驗日期及結果。若進行了連串的化驗，請列出所有結果：

Date(s) 日期	Test done 所作之化驗	Results 結果
Day 日 Month 月 Year 年 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
Day 日 Month 月 Year 年 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
Day 日 Month 月 Year 年 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		

vi. (a) Were there new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident?

在相關心臟事故期間心電圖有否顯示新近具急性心肌梗塞特徵的變化？

☐ Yes 是 ☐ No 否

(b) Were there new ECG changes indicating insufficient blood supply to the heart muscle at the time of the relevant cardiac incident?

在相關心臟事故期間心電圖有否新的改變，顯示心臟肌肉血液供應不足？

☐ Yes 是 ☐ No 否

If any of the above is “yes”, please give details of the changes.

如以上任何答案為“有”，請提供有關變化之詳情。

3. Was there history of any past cardiac symptoms or heart attack prior to this incident.

此事故前是否有心臟病徵或心肌梗塞的病史？

☐ Yes 是 ☐ No 否

If so, please give details.

如有，請提供詳情。

4. For cases with insertion of cardiac pacemaker or defibrillator 曾植入心臟起搏器或除纖顫器的個案

i. Did the Insured experience serious cardiac arrhythmia?
受保人有否患有嚴重心律失常？

☐ Yes 有 ☐ No 沒有

ii. Was a cardiac pacemaker or defibrillator inserted?
有否植入心臟起搏器或除纖顫器？

☐ Yes 有 ☐ No 沒有

Please give details. 如“有”，請提供詳情：

Date of surgery 手術日期

Day 日 Month 月 Year 年

The hospital where the surgery was performed: 進行手術的醫院：

Name of Surgeon 手術醫生：

iii. Was the insertion of cardiac pacemaker or defibrillator certified as medically necessary by a cardiologist?

植入心臟起搏器或除纖顫器是否由心臟專科醫生確認為醫療所需？

☐ Yes 是 ☐ No 否

Please give the Name and Address of the cardiologist if it is not the undersigned

若非由填寫此表格之醫生確認診斷，請提供該專科醫生之姓名及地址。

Name 姓名

Address 地址

5. Please enclose copies of all reports including resting ECGs, exercise stress tests, enzymes assays, isotope studies, imaging (echocardiograms), coronary angiography and any relevant hospital reports that are available.
請提供所有報告包括心電圖、運動心電圖、心肌酵素化驗、同位素化驗、影像報告（心臟超聲波）、冠狀動脈造影檢查報告等，或任何有關的醫院報告。

6. Please state if the Insured has suffered/been treated for any other major illness(es) in the past.
請列明受保人曾患上或接受治療的其他主要疾病。

7. Is there any further information, which in your opinion will assist us in assessing this claim?
請提供其他有助審核本索償個案之資料。

I / We declare that all information given is accurate and true to the best of my/ our knowledge and belief.

本人／我們聲明本人／我們於索償申請書中的每一項答案為所知及所信之事實及其全部。

Personal Data Collection and Use 個人資料收集及使用

Please read our Company's Personal Information Collection Statement ("PICS") before you sign this Certificate. The latest version of PICS is made available at <https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf>

在簽署此醫生報告前，請先閱讀本公司的個人資料收集聲明。本公司最新版本的個人資料收集聲明可於此下載：
<https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf>。

All the personal data and information contained in this Confidential Medical Certificate will be used by us for the processing of the Insured's claim(s) and will be utilized in accordance with our PICS. By asking you to fill in this Certificate, the Insured/Policyholder has given you express consent to release his/her personal data and other information to our Company.

所有個人及其他透過此醫生報告收集所得的資料將會被我們用於處理受保人之索償申請，而我們亦可根據個人資料收集聲明使用該些資料。受保人/保單持有人以向閣下要求填寫此醫生報告，表示受保人/保單持有人已授權閣下於此報告透露他/她的個人資料及其他資料予本公司。

Signature and official chop 簽署及蓋印

Day 日 Month 月 Year 年

Date signed 簽署日期

Name of doctor and qualification 醫生姓名及醫學資格

Address 地址

Telephone number 聯絡電話