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, 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:

Cancer (Definition Before 2017)
A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukaemia (other than chronic lymphocytic leukaemia) but excludes non-invasive cancers in situ, tumours in the presence of any Human Immunodeficiency Virus and any skin cancer other than malignant melanoma.

癌症 (二零一七年前的定義)
惡性腫瘤而具有惡性細胞失控的生長及擴散，並對人體組織浸潤，癌症包括白血病（慢性淋巴性白血病除外），但不包括非浸潤性原位癌、任何在人類免疫缺陷病毒存在下出現的腫瘤以及惡性黑色素瘤以外的任何皮膚癌。

Cancer (Definition from 2017 onwards)
A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukaemia but excludes any of the following:

- any tumour which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential;
- any Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion;
- any tumours in the presence of any Human Immunodeficiency Virus;
- chronic lymphocytic leukaemia less than RAI Stage III;
- any skin cancer other than malignant melanoma;
- any thyroid tumour which is histologically classified as T1N0M0 or a lower stage according to the TNM classification system; and
- any prostate tumour which is histologically classified as T1a or T1b or a lower stage according to the TNM classification system.

癌症 (二零一七年起的定義)
惡性腫瘤而具有惡性細胞失控的生長及擴散，並對人體組織浸潤，癌症包括白血病，但不包括以下任何情況：

- 任何在組織學中分類為癌前病變、非浸潤性、或原位癌，或 交界性 或低惡性潛力的腫瘤；
- 任何子宮頸上皮內瘤樣病變（ CIN I 、CIN II 或CIN III ）或子宮頸鱗狀上皮內病變；
- 任何在人類免疫缺陷病毒 (存在下出現的腫瘤；
- RAI 第III 期以下 的慢性淋巴性白血病；
- 任何 惡性 黑色素瘤 以外的所有 皮膚癌；
- 根據 TNM 評級系統，任何在組織學上被界定為 T1N0M0 或以下級別的甲狀腺腫瘤； 及
- 根據 TNM 評級系統，任何在組織學上被界定為 T1a 或T1b 或以下級別的前列腺腫瘤 。

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 dated 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 his/her illness(es)? 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) Presenting signs & symptoms 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，已經歷其病狀多久?

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? 何時確診這診斷? |______|______|______| (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) Was it evolved from other distant tissue or organ? 是否從其他的組織或器官引出?

❒ Yes, please specify as follows: 是，請提供詳情如下 ❒ No 不是

i) The name of primary cancer 原發癌症名稱: ______________________________________

ii) When did symptoms first appear? 病徵何時首次出現? | |______|______|______| (DD/MM/YY) (日/月/年)

iii) Date of diagnosis of the primary cancer: 原發癌症的診斷日期 |______|______|______| (DD/MM/YY) (日/月/年)

(d) 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): __________________________

6. Please provide full details of the diagnosis and its clnical basis. 請提供所有診斷及臨床診斷的詳情

7. Was the patient refered to you from other physician(s)? 病人是否由其他醫生轉介?

❒ Yes, 是 |______|______|______| (DD/MM/YY) (日/月/年) ❒ No 不是

By (name & address of physician) 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

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 前吸煙者，開始於 |______|______|______| (DD/MM/YY) (日/月/年),

ceased on 於|______|______|______| (DD/MM/YY) (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. (a) What is the staging of the Tumor? 腫瘤被界別為第幾級別? ______________________________

(b) Was the tumour a carcinoma-in-situ tumour? 腫瘤是否原位癌？

❒ Yes, please provide details: 是，請詳述：______________________________ ❒ No 不是

(c) Was there invasion of adjacent tissues? 腫瘤有否擴散並浸潤到其他鄰近的細胞?

❒ Yes, the invaded adjacent tissue is: 有，組織包括：______________________________ ❒ No 沒有

(d) Was there distant metastasis to other organ(s)? 腫瘤有否轉移到其它身體器官？

❒ Yes, please provide details: 有，請詳述：______________________________ ❒ No 沒有

(e) 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/ Histopathological Diagnosis 結果 / 病理最後診斷

13. Is the tumour which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential? 腫瘤是否任何在組織學中分類為癌前病變、非浸潤性、或原位癌，或 交界性 或低惡性潛力的腫瘤?

❒ Yes, please provide details: 是，請詳述：______________________________ ❒ No 不是

14. If the diagnosis is leukaemia, please advise what type of leukaemia the patient has ? 如診斷爲白血病，請提供確實的白血病之類別？

15. Details of current treatment 現時接受的治療及詳情

16. Current Prognosis 現時進展及其狀況

17. 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)