

## CONFIDENTIAL MEDICAL CERTIFICATE - 醫生報告

PART II - To be completed by doctor at Insured's / Claimant's expense 第二部份(受保人或申請人自費由主診醫生填寫)

Pol	icy Number 保單號碼	
Na	me of Insured 受保人姓名	ID Card / Passport No. 身分證 / 護照號碼
	ITICAL ILLNESS-AUTISM 吳一自閉症	
GEN	IERAL 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 ( / / ) MM/DD/YYYY 月/日/年	"是",請問受保人首次向閣下求診之日期?
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。	
	( / / ) MM/DD/YYYY 月/日/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 受保人是否有同類之病史?  Yes 是  No 否  If "yes", please give dates of consultations and the	s or any related conditions? resulting diagnosis. 如" 有",請提供求診日期及診斷詳細結果。
4. F	Please provide details of the illness. 請提供該疾病之 i. Has Autism been definitely diagnosed? 自閉症之言 Yes 有 No 沒有 Diagnosis of the Insured: 受保人之診斷:	
	ii. On which date was the diagnosis made? 有關疾病 ( / / / ) MM/DD/YYYY 月/日/年	<b>方之診斷是何時首次確認?</b>
	iii. Was the diagnosis confirmed by a registered pec 該疾病是否由兒童精神專科醫生確認? Yes 是 Please give the name of the registe 若非由填寫此表格之醫生確認, 請提	ered pediatric psychiatrist if it is not the undersigned
	No 否 Please give the name and specialty 請提供確認上述診斷之醫生姓名及專	/ of the physician who confirmed the above diagnosis

Policy Nu	mbe	er 保單號碼	
iv.	Plea	ase describe the extent of the disease. 請描述該病之狀況。	
	A. Date of onset 病發日期:(   /   )MM/DD/YYYY 月/日/年		
B. Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 根據精神疾病診斷及統計手冊 (DSM-5),			
What is the severity level for autism spectrum disorder of the insured? 受保人的自閉症譜系障礙嚴重程度為?			
		Level 1/mild Level 2/moderate Level 3/severe	
	1 級/輕度 2 級/中度 3 級/重度		
Which of the following diagnostic criteria are met? Please provide details for those met. 受保人符合以下哪些條件?請提供符合條件的詳情。			
		a. Persistent deficits in social communication and social interaction across multiple contexts 在多種環境下長期缺乏社交溝通及社交互動能力	
		☐ Yes 是 Please describe details on insured's behaviour: 請詳細描述受保人的行為表現:	
		b. Severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very li initiation of social interactions, and minimal response to social overtures from others 言語及非言語的社交溝通技巧嚴重不足,導致功能上嚴重缺陷,在社交互動中作出非常有限度的主動及對其他人的社会表示作出最小的回應	
		Yes 是 Please describe details on insured's behaviour: 請詳細描述受保人的行為表現:	
		c. Restricted, repetitive patterns of behavior, interests, or activities 限制性、重復性的行為、興趣或活動	
		Yes 是 No 否 Please describe details on insured's behaviour: 請詳細描述受保人的行為表現:	
d. Inflexibility of behavior, extreme difficulty coping with change, or other restricted /repetitive behaviors the with functioning in all spheres 行為缺乏彈性、極度難於適應改變,或作出有限制性 / 重復性的行為,嚴重妨礙各種領域的功能發揮			erfere
		☐ Yes 是 Please describe details on insured's behaviour: 請詳細描述受保人的行為表現:	
e. Great distress / difficulty in changing focus or action 對改變焦點或行為時表示極度憂慮及困難  Please describe details on insured's behaviour:			
		Yes 是   Flease describe details of insured s behaviour.	

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「f. Symptoms are present in the early developmental period 音歌を卑弱を展現出現 「Yes 是 No 否 Please describe details on insured's behaviour:
Yes 是
g. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning
在放射社文・職業或其他重要範囲的現場的能在臨床上遊成重要損害  「Yes 是 Please describe details on insured's behaviour: 諸詳細描述受保人的行為表現:  C. Has the above autistic conditions continuously existed for at least 6 months after the diagnosis was made? 上述目形成形况后在影响选择模出现至少6個月? 「Yes 是 How long has the condition been medically documented? 上述状况約存在了多久?  D. Is the insured undergoing behavioral therapy, occupational therapy, speech therapy, psychological interventions or special education at a recognized institute for autistic children? 受保人务而各自的随处更而除的影应更承险的被受行為治療、職業治療・語言治療、心理介入治療或特殊教育? 「Yes 是 Since when did the insured receive special education at the institute? 受保人有任何的知治是受特殊教育? 「Yes 是 Since when did the insured receive special education at the institute? 「Yes 是 Indiminal 是更新的的方式,以上的方式和自己的方式
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7. Please state if the Insured has suffered/been treated for any other major illness(es) in the past.
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請列明受保人曾患上或接受治療的其他主要疾病。
8. Please enclose copies of all reports and supporting documents, including psychological assessment report, treatments progress report,
special education record etc. and any relevant reports that are available. 請附上所有可提供的報告和證明文件的副本,包括心理評估報告、治療進度報告、特殊教育記錄等以及任何相關報告。
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I/We hereby declare that the information given on this form is true and complete to the best of my / our knowledge and belief. 本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實及其全部。  PERSONAL DATA COLLECTION AND USE  PLEASE READ THE AIA PERSONAL INFORMATION COLLECTION STATEMENT ("AIA PIC") BEFORE YOU SIGN THIS CERTIFICATE. IF THE AIA PIC STATEMENT IS NOT ATTACHED, YOU CAN ASK FOR A COPY FROM US. Also, the updated version of AIA PIC is available for download from its website: www.aia.com.hk.  All the personal data and other information contained in this Confidential Medical Certificate will be used by us for the processing of the Insured's claim(s), and will also be utilized in accordance with AIA PIC. By asking you to fill in this Certificate, the Insured / Owner has given you the express consent to release his / her personal data and other information to our Company.  May Put ** Alb	Policy Number 保單號碼
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Date 日期

Address and telephone number 地址及聯絡電話

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