ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-1
CIR-1

FIRST HEART ATTACK

1. Please describe the heart attack.

i. Date of the episode _____ (MM/DD/YY)

	YES	NO
ii. Was there a history of typical ischaemic chest pain?	☐	☐
iii. Was there a serial elevation of cardiac enzymes (Cardiac Troponin (T or I), CPK, CPK-MB, LDH) documented?	☐	☐
iv. Were there any new changes in the ECG indicative of a myocardial infarction?	☐	☐

v. Duration of the acute symptoms, _____

vi. Date of return to normal activities and/or the insured's present limitations, physical and mental. _____ (MM/DD/YY)

2. Was there death of a portion of the heart muscle? YES ☐ NO ☐

If 'YES', please describe.

3. Investigations/Laboratory report

i. Was the HIV test performed? YES ☐ NO ☐

If 'YES', please give result. _____ (MM/DD/YY)

ii. Please enclose copies of all reports that are available.

- ☐ HIV test
- ☐ Isotope studies
- ☐ Exercise stress tests
- ☐ Coronary angiography
- ☐ Cardiac Enzymes assays
- ☐ Resting ECGs
- ☐ Echocardiograms
- ☐ Any relevant hospital reports

4. Please state if the insured has previously suffered/been treated for any of the following conditions

	YES	duration	No		YES	duration	No
Smoking	☐	_____ yrs	☐	Dyslipidemia	☐	_____ yrs	☐
DM	☐	_____ yrs	☐	IHD	☐	_____ yrs	☐
HT	☐	_____ yrs	☐	CVD	☐	_____ yrs	☐

Other illness : _____

5. If there any further information which in your opinion will assist us in assessing this claim, please furnish such information below.

Details of "YES" answers. (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities)

To be completed by Attending Physician

I hereby certify that I have personally examined and treated the insured in connection with the above disability and that the facts are in my opinion as given above.

Name of Doctor _____ Signature _____

Qualification _____ Specialty _____ Thailand's Medical registration _____

Name of Hospital/Official Stamp _____ Telephone No. _____ Date _____