ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-21	ELEPHANTIASIS

1. i. When was the sign / symptom first appeared ? ____________ (MM/DD/YY)

ii What is the date of diagnosis of Elephantiasis? ____________ (MM/DD/YY)

2. i. Are there massive permanent and irreversible lymphoedema of a limb or other body region? YES ☐ NO ☐

What are the causes of the above condition ? ____________

ii. Have microfilaria been documented by laboratory examination? YES ☐ NO ☐

If 'YES' , by ____________

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
- ☐ Microfilaria in blood / other body fluid
- ☐ Circulatory antigen of W. Brancrofti
- ☐ PCR for DNA of parasite
- ☐ Radionuclide lymphoscitigraphic imaging of limbs
- ☐ High frequency ultrasound with droppler technique
- ☐ Any other imaging studies
- ☐ Any relevant laboratory evidence
- ☐ Any relevant hospital reports

4. Please state if the insured has suffered/been treated for any other illness (es)/complaints other than the Critical 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 ____________