ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-22	**VIRAL ENCEPHALITIS**

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

ii.What is the date of diagnosis of viral encephalitis? _____ (MM/DD/YY)

2. The diagnosis of viral encephalitis was confirmed by

_____

3. What is the current condition of the insured and what is the prognosis?

_____

_____

4. Is insured able to perform without physical assistance the following?

	YES	NO
i. Ability to wash and bath by herself	☐	☐
ii. Ability to dress/undress by herself	☐	☐
iii. Ability to attend to her own toilet needs	☐	☐
iv. Ability to feed by herself	☐	☐
v. Ability to move in or out of a bed or a chair by herself	☐	☐
vi. Ability to move from room to room by herself	☐	☐

5. 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
- ☐ Cerebrospinal fluid studies / culture
- ☐ Neurological reports
- ☐ Serologic studies
- ☐ CT scans
- ☐ MRI
- ☐ Brain biopsy report
- ☐ Any other imaging studies
- ☐ Any relevant laboratory evidence
- ☐ Any relevant hospital reports

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

_____

_____

_____

7. 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: _____ Thailand's Medical registration No.: _____

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