### CHRONIC RELAPSING PANCREATITIS

**1. Please describe the extent of the disease.**

- Is there multiple episodes of proven acute pancreatitis over a period on not less than 2 years? **YES**
  - If ‘YES’, please give date of episode. 

- Is there widespread calcification within the pancreas? **NO**

- Is there chronic continuous pancreatic dysfunction manifesting in either intestinal malabsorption (steatorrhea) or diabetes mellitus? **NO**
  - If ‘YES’, please provide detail. 

- What is the cause of chronic relapsing pancreatitis? 

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

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

**3. History of alcohol intake.**

- Is patient habitually drunk or suffered physically from the effects of alcohol? **NO**
  - If ‘YES’, please state type of alcohol consumed, amount and duration.

- Have patient ever been advised to reduce or discontinue his alcohol intake? **NO**
  - If ‘YES’, please provide detail.

- Have patient ever received medical treatment for excessive consumption of alcohol? **NO**
  - If ‘YES’, please provide detail.

**4. Investigations/Laboratory report**

- Was the HIV test performed? **NO**
  - If ‘YES’, please give result. 

- Please enclose copies of all reports that are available.
  - HIV test
  - Fasting Blood Sugar & HBA1C
  - Ultrasound / CT abdomen
  - Any relevant laboratory evidence
  - Stool or urine examination
  - Pancreatic function test
  - Any relevant imaging studies
  - Any relevant hospital reports

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

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

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**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.

<table>
<thead>
<tr>
<th>Name of Doctor</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Qualification</td>
<td>Specialty</td>
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<tr>
<td>Thailand’s Medical registration</td>
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<tr>
<td>Name of Hospital/Official Stamp</td>
<td>Telephone No.</td>
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