หน้าที่ 4

ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III	Details of Insured's Illness
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ECIR-41	ALZHEIMER'S DISEASE			
1. What is the	e age of onset of Alzheimer's Disease?	Details of "YES" answers.		
 2. Please describe the extent of the disease. i. Is there evidence of deterioration or loss of intellectual capacity or abnormal behavior resulting in significant reduction in mental and social functioning requiring the continuous supervision of Insured? 		YES	NO □	 (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities)
arise fro	deterioration or loss of intellectual capacity or abnormal behavior om neurosis, psychiatric illness and any drug or alcohol related disorder? If "yes",please specified			
 3. Is insured able to perform without physical assistance the following? 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 		YES		
4. Investigation	ons/Laboratory report			_
	HIV test performed? ', please give result.	YES (MM/DD/YY)		
HIV Ele	enclose copies of all reports that are available. V test INeurological reports ctroencephalogram CT scans / MRI y relevant imaging studies y relevant hospital reports			
5. Please state Critical III	e if the insured has suffered/been treated for any other illness (es)/c ness.	omplaints other than	1 the	
	y further information which in your opinion will assist us in assessi nation below.	ng this claim, please	furnish	
	leted by Attending Physician ify that I have personally examined and treated the insured in cor	nnection with the abo	ove disability a	nd that the facts are in my opinion as given
above. Name of Doo		Signature:	,	
Qualification		Thailand's Medica	l registration N	Io.:
Name of Hos	spital/Official Stamp:		Telephone	No.: