

Health Declaration Form 健康聲明書

Part A - General Information 甲部 - 個人資料 (Please fill in all the items 以下各資料必須填寫)

1. Name of Policyholder 保單持有人名稱		Policy No. 保單編號	
Full name of Proposed Assured 被保人姓名			I.D. Card No. 身份證號碼
Date of Birth 出生日期 (Month月/Day日/Year年)	Nationality 國籍	Marital Status 婚姻狀況	Sex 性別
Occupation 職業	Major Duties/ Works Details 工作職務詳情	Monthly Salary 月薪 (Applicable for Life only 壽險適用)	
Height 身高 cm 厘米	Weight 體重 kgs 公斤	Significant weight change in Past 2 Years (+/- 10%) and Reason for change 過去兩年體重是否有改變 (+/- 10%)及體重改變原因 kgs 公斤	
Name, Address and Telephone of Your Physician 閣下求診的醫生姓名、地址及電話號碼：			

2. Have any of your parents or family ever had cardiovascular diseases, diabetes, stroke, cancer, hereditary diseases or mental disorder? If so, please state family member, disease, onset age or cause of death.
閣下雙親或家庭中曾否患有心臟病、糖尿病、中風、癌症、遺傳病或精神疾病？

	Living 健在		Deceased 去世	
	Age 年齡	Present health condition 現在健康詳情	Age 年齡	Cause of death 死因
Father 父親				
Mother 母親				
Brother(s) 兄弟				
Sister(s) 姊妹				

		Details 詳情	
3.	Have you smoked any cigarette, cigar or pipe within the past 12 months? If yes, please state the average number of sticks per day. 在過往十二個月閣下曾否吸用香煙、雪茄或煙斗？如“是”，請說明每日平均吸煙的支數。	<input type="checkbox"/> YES 是	
		<input type="checkbox"/> No 否	
4.	Do you consume alcohol on a regular basis? If yes, please state type of alcohol and the average consumption per week. 閣下是否經常飲酒？如“是”，請說明酒的種類及每星期平均飲酒量。	<input type="checkbox"/> YES 是	
		<input type="checkbox"/> No 否	
5.	Do you participate in, or do you intend to participate in any private flying, any hazardous sports, or races? 閣下曾否參與或意圖參與私人性質飛行或危險性運動、競技？	<input type="checkbox"/> YES 是	
		<input type="checkbox"/> No 否	

Part B - Personal and Medical Details 乙部 - 個人及健康詳情

YES 是 No 否

1. Have you ever had, or been told you had or been treated for:-
閣下曾否接受過下列疾病之治療或被告告知患下列疾病:
 - a. Asthma, emphysema, tuberculosis or other lung diseases?
哮喘, 氣腫, 結核病或其他肺病?
 - b. Diseases of heart and blood vessels such as high blood pressure, chest pain?
心臟病, 血管問題如高血壓 或胸部不適?
 - c. Hepatitis or hepatitis carrier, ulcer or bowel, liver or gall bladder disease?
肝炎或肝炎帶菌者, 腸胃潰瘍, 肝或膽囊疾病?
 - d. Renal stone or any disorder of the genito-urinary disorders?
腎石或其他生殖泌尿系統不正常?
 - e. Epilepsy, stroke, mental or nervous disorders?
癲癇, 中風, 精神不正常或神經疾患?
 - f. Diabetes, venereal disease, cancer, tumour, or any blood diseases?
糖尿病, 性病, 癌症, 腫瘤或其他血液疾病?
 - g. Severe injury, gout, back pain, or other musculoskeletal disorders?
嚴重損傷, 痛風, 背痛或其他肌骨問題?

2. In the past five years, have you had any or you are planning to undergo:
在過往五年, 閣下曾否接受或籌劃任何治療:
 - a. tests such as X-ray, electro-cardiogram, urinalysis, blood study or other _____?
診斷測驗如X光, 心電圖, 尿分析, 驗血或其他 測試 _____?
Test Findings : Normal / Abnormal * Delete as appropriate 測試結果: **正常 / 不正常** *請刪去不適用者
For abnormal test findings, please provide medical report copy. 如有測試結果不正常, 請遞交測試報告副本
 - b. illness, operation, medical advice, hospital treatment not mentioned above?
曾患病, 做手術, 醫療指導, 臨床治療, 而在上述問題並沒有提出過的?

3. Are you currently being treated or taking medication for any reason?
閣下現在是否因為任何原因正接受醫療或服用藥物?

4. Have you ever had an application for any form of insurance declined, postponed, modified or rated up?
閣下曾否投保申請任何保險計劃時被要求增加保費、被拒、被延遲或需要更改保險條款?

5. Female only
若是女性, 請答下列問題:
 - a. Are you pregnant now?
閣下是否現正懷孕?
 - b. Any abnormal findings in prenatal check up? If yes, please state the details:
閣下是否在產前檢查中有不正常現象? 如“是”, 請詳細說明。
 - c. Have you ever had any disorder of the breast or reproductive organs including abnormal pap smear and abnormal haemorrhage?
閣下曾否有乳房或婦科病症或不正常柏氏塗片測試或出血現象?

If any of the answers from question 1 to 5 is "yes", please give full details below, noting the question(s) number(s).
如問題一至五填上「是」的話, 請說明題目及詳情, 並盡量提供詳細資料。

Part C - Declaration and Authorization 丙部 - 聲明及授權書

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, institution or person, that has any records, or knowledge of me or my health to give any such information as Liberty International Insurance Ltd may require. A photographic copy of this authorization shall be as valid as the original.

本人藉此授權任何執業醫生、醫務從業員、醫院、診所、保險公司或其他持有本人健康狀況紀錄之組織或人仕提供有關本人健康或個人資料予利寶國際保險有限公司。此項授權書複印本將與正本同樣有效。

I hereby declare and agree that all answers given to all questions are, to the best of my knowledge and belief, complete and true and that I have not withheld any material facts.

本人茲聲明, 上述各欄之填報, 均屬完全及真實無訛及本人並沒有保留任何重要資料。

Signature of Proposed Insured
被保人簽署

Date _____
日期 Month 月 Day 日 Year 年