



ZURICH®

蘇黎世

Zurich HealthMultiple Medical Insurance Plan Medical Questionnaire

蘇黎世「智樂人生」自選醫療保險計劃醫療問卷

For application of policy insuring more than one insured person only.
只供申請受保多於一位受保人之保單時使用。

Please note that this medical questionnaire will form part of the Zurich HealthMultiple Medical Insurance Plan Enrollment Form.
此醫療問卷為蘇黎世「智樂人生」自選醫療保險計劃投保表格的一部分。

Enquiry no. 查詢電話：+852 2903 9391 Fax 傳真：+852 2968 0639

Please tick the appropriate box and * delete whichever is inappropriate. 請✓適用方格及於*號刪去不適用者。

Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。

Name of Insured Person 受保人姓名	Name of Proposer 投保人姓名
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Health question 醫療問卷

	Yes 是	No 否
1 Please enter your height and weight measurements. 請提供閣下身高及體重資料。 Height 身高：_____m 米 Weight 體重：_____kg 公斤		
2 Have you ever been admitted into hospital or sanatorium, or undergone or been recommended to undergo surgery (other than that associated with a full term pregnancy)? 閣下是否曾入住醫院或療養院、或曾接受或被建議接受手術(有關與足月的懷孕除外)?	<input type="radio"/>	<input type="radio"/>
3 Have you ever been or are you currently taking any medication prescribed for more than 14 days or drugs which are not prescribed by a medical practitioner? 閣下是否曾/正在服用任何由醫生處方超過14天之藥物或其他並非由醫生處方的藥物?	<input type="radio"/>	<input type="radio"/>
4 Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease? 閣下的親生父母或兄弟姐妹是否曾患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎(或肝炎帶菌者)、癌症或任何遺傳病?	<input type="radio"/>	<input type="radio"/>
5 Other than medical test(s) required by an employer or insurer, have you ever been recommended by a medical practitioner any medical test, in the past five years? 除了僱主或保險公司指定之醫療檢查外, 閣下是否曾在過去五年內被醫生建議進行任何醫療檢查?	<input type="radio"/>	<input type="radio"/>
6 Have you ever suffered from or been treated or do you foresee to consult with a medical practitioner for any of the following disorders or diseases? 閣下是否曾患上、被診斷為或可預見就以下問題或疾病求診?		
(i) The muscular skeletal system (e.g. muscular or bone disorder, spinal problem, arthritis, gout) or other related symptoms/diseases? 骨骼及肌肉系統(如肌肉或骨骼不適、脊椎問題、關節炎、痛風)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(ii) The respiratory system (e.g. tuberculosis, asthma, chronic bronchitis) or other related symptoms/diseases? 呼吸系統(如結核病、哮喘、慢性支氣管炎)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(iii) The endocrine system (e.g. diabetes, thyroid disorder) or other related symptoms/diseases? 內分泌系統(如糖尿病、甲狀腺問題)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(iv) The gastro-intestinal tract (e.g. any kind of hepatitis or liver disease, gastric or duodenal ulcer or ulcer of any kind, haemorrhoids, hernia, gall bladder, bowel) or other related symptoms/diseases? 腸胃管道(如任何肝炎或肝病、胃或十二指腸潰瘍、任何潰瘍、痔瘡、疝氣、膽囊、腸)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(v) Breast or genitor-urinary organs (e.g. any disease of the kidneys or bladder) or other related symptoms/diseases? 乳房或泌尿生殖器官(如任何腎或膀胱疾病)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>

Health question (continued) 醫療問卷 (續)

	Yes 是	No 否
(vi) The heart or cardiovascular or circulatory system (e.g. chest pain, any disorder of the heart or arteries, murmur, raised blood pressure, stroke, varicose veins, rheumatic fever) or blood (e.g. anaemia, haemophilia) or other related symptoms/diseases? 心臟、心血管、循環系統(如心絞痛、心臟或動脈問題、心漏症、高血壓、中風、靜脈曲張、風濕熱)或血液(如貧血、血友病)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(vii) The nervous system, mental disorder or psychiatric problem or brain function disorder (e.g. dizziness, epilepsy, paralysis, anxiety) or other related symptoms/diseases? 神經系統、精神失常、精神病或腦功能問題(如暈眩、癲癇、癱瘓、焦慮)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(viii) Impairment of the eyes / ears / nose (e.g. cataracts, ear infections, tonsillitis) or other related symptoms/diseases? 眼、耳、鼻的損傷(如白內障、耳道感染、扁桃腺炎)或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(ix) Tumor, cyst, lump, growth, cancer or malignant tumor or other related symptoms/diseases? 腫瘤、囊腫、腫塊、瘤、癌、惡性腫瘤或其他有關的徵狀或疾病?	<input type="radio"/>	<input type="radio"/>
(x) Venereal disease, AIDS, AIDS related conditions, any blood test for HIV virus? 性病、愛滋病、與愛滋病有關的疾病、或曾接受愛滋病病毒血液測試? If the answer is yes to any of these questions, please provide medical report. 若上述任何問題之答案為「是」, 請提供醫療報告。	<input type="radio"/>	<input type="radio"/>
7 Are there any health or physical conditions in the last five years not mentioned above which may affect your well being? 閣下於過去五年內是否曾有任何以上未提及的健康或身體狀況影響閣下的健康?	<input type="radio"/>	<input type="radio"/>
8 Are you having any policy of or making any claim for personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurance with Zurich Insurance Company Ltd or any other insurer(s)? If yes, please state the policy no., benefits type, the sum insured and the company name of the insurer. 閣下現時是否擁有或進行任何蘇黎世保險有限公司或其他保險公司承保之個人意外、個人醫療、住院現金或危疾保單或索償? 若「是」, 請提供保單號碼、保單項目、保額及保險公司名稱。	<input type="radio"/>	<input type="radio"/>
9 Have your enrollment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance been rejected, or subject to special terms and conditions or additional premium? 閣下是否曾於投保、續保或復效任何人壽、個人意外、醫療、住院現金或危疾保險時被拒或需附加特別條款或增收保費始被接納?	<input type="radio"/>	<input type="radio"/>

If any answer(s) to Questions 2 - 9 is "Yes", please give full details below.

若問題 2 - 9 之答案為「是」, 請提供以下詳情。

Question No. 問題編號	Details 詳情 :			
2-5, 7-9				
6	Nature of diagnosis 疾病性質	Full details of care, treatment or surgery received 所接受之護理、治療或手術之詳情	Outcome of treatment e.g. ongoing, complete recovery, recurrent or likely to recur 治療結果, 如持續治療、完全康復、已復發或有機會復發	Name and address of the medical attendant(s) 主診醫生名稱及地址

Health question (continued) 醫療問卷 (續)

The following questions are applicable to insured person who enroll for **Section 6 - Critical Illness Cover**:

以下問題適用於申請**第6節-危疾保障**之受保人：

<p>10 Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give reason and exact figure. 閣下的體重是否在過去12個月內增加或減少10磅(4.5公斤)或以上。若「是」,請說明確實增加或減少之重量及原因。 Exact weight gained/lost* 確實增加/減少*之重量: _____kg公斤 / lb磅*and reason 及原因 _____</p>	<input type="radio"/>	<input type="radio"/>
<p>11 Do you drink alcohol? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and your weekly consumption. 閣下是否會飲用酒精飲品?若「是」,請註明飲品種類(例如啤酒、葡萄酒、烈酒等)及每週飲用量。 Type of drink 飲品種類 _____ Weekly consumption 每週飲用量 _____ml 毫升</p>	<input type="radio"/>	<input type="radio"/>
<p>12 Do you smoke or have you ever smoked any cigarettes? If yes, please state details. 閣下現在是否或曾吸煙?若「是」,請註明每日吸煙數量。 Consumption 吸煙數量 _____pieces/day 支/每天 for 達 _____years 年 If you have ceased smoking, please state when and for what reason. 如閣下已停止吸煙,請註明戒煙日期。 Date ceased 戒煙日期 _____(DD/MM/YY 日/月/年) and reason 及原因 _____</p>	<input type="radio"/>	<input type="radio"/>

I/We confirm that all the above information provided by me/us is true, correct and accurate. I/We authorize Zurich Insurance Company Ltd (the "Company") to obtain medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of Zurich HealthMultiple Medical Insurance Plan at my/our own expense. I/We understand and agree that this medical questionnaire will form part of the Zurich HealthMultiple Medical Insurance Plan Enrollment Form which constitutes the basis of the contract between me/us and the Company.

本人/吾等確認以上提供之所有資料均為事實正確無誤。本人/吾等授權蘇黎世保險有限公司(「貴公司」)有權向受保人之醫生索取有關病歷資料,本人/吾等亦同意提供任何進一步與蘇黎世「智樂人生」自選醫療保險計劃有關之資料並自付所需費用。本人/吾等明白此醫療問卷為蘇黎世「智樂人生」自選醫療保險計劃投保表格的一部分,而該投保表格將構成本人/吾等與貴公司之間的合約依據。

Signature of proposer
投保人簽署：

Date 日期

Day 日		Month 月		Year 年				
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