



CRITICAL ILLNESS COVER

Confidential Medical Certificate

Name	
Date of Birth	
Policy No.	
<p>The above named is insured with Ceylinco Life Insurance Limited against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with Myocardial Infarction and, to enable us to assess the claim, we should be obliged if you would complete this confidential report and return it direct to Manager -Claims.</p>	
<p>In order for the claim to be valid the following definition must be fulfilled:</p>	
<p>Heart Attack (Myocardial infarction) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:</p> <ul style="list-style-type: none"> (i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) (ii) New characteristic electrocardiogram changes (iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. <p>The following are excluded:</p> <ul style="list-style-type: none"> (i) Other acute Coronary Syndromes (ii) Any type of angina pectoris (iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure. 	
<p>1. General</p> <ul style="list-style-type: none"> I. Are you the insured's usual medical attendant? If "yes" over what period ? II. When were you first consulted for this disease and, at that time, how long had symptoms been present? III. Has the insured previously suffered from any related illness? (Hypertension, angina or other vascular disease) <p>If yes please give dates of consultations and resulting diagnosis</p> <ul style="list-style-type: none"> IV. On which date did the insured first become aware of the disease or diagnosis? V. Is there anything in the insured's family history that would have increased the risk of a heart attack? 	

VI. Please give details of the insured's habits In relation to cigarette smoking	
2. Details of the Insured's illness: I. Give full and exact details of the diagnosis? II. Please describe the initial episode: <ul style="list-style-type: none"> ▪ Nature of episode ▪ Date ▪ Date of return to Normal activities ▪ Duration of acute Symptoms III. Please provide the full address of the hospital to which the insured was referred, together with the names of the Consultants attended. IV. Please give results of any investigations performed. eg. ECG, Exercise Stress test, Enzyme assays, Isotope imaging, coronary and LV angiography. We would be grateful for copies of any relevant hospital reports and if possible, Original ECG tracing, which will be returned without delay.	
3. If there is any further information which, in your opinion, will assist our Chief Medical Officer in assessing this claim, please furnish such information.	
4. In your opinion, does the episode suffered by the Insured fulfill the definition stated?	
Signature	Practice Stamp
Address	
Date	