



CRITICAL ILLNESS COVER
Confidential Medical Certificate

Name	
Date of Birth	
Policy No.	
The above named is insured with Ceylinco Insurance PLC against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with a Stroke , 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	
In order for the claim to be valid the following definition must be fulfilled:	
<p>Stroke: Death of brain tissue due to an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage), or embolism from an extracranial source with</p> <ul style="list-style-type: none"> • acute onset of new neurological symptoms, and • new objective neurological deficits on clinical examination. <p>The neurological deficit must persist for more than 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by imaging findings.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • Transient Ischaemic Attack (TIA) and Prolonged Reversible Ischaemic Neurological Deficit (PRIND); • Traumatic injury to brain tissue or blood vessels • Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention • Incidental imaging findings (CT- or MRI-scan) without clearly related clinical symptoms (silent stroke) 	
<p>1. General</p> <p>I. Are you the insured's usual medical attendant? If "yes" over what period?</p> <p>II. When were you first consulted for this disease and, at that time, how long had symptoms been present?</p> <p>III. Has the insured previously suffered from the condition specified above or any related illness?</p>	<p>Yes/No</p> <p>Yes/No</p>

<p>(eg: Hypertension. Transient Ischaemic attacks, angina or other vascular attacks) If "yes" please dates of consultations and resulting diagnosis.</p> <p>IV. On which date did the insured first become aware of the disease?</p> <p>V. Please give details of the insured's habits in relation to cigarette smoking.</p>	
<p>2. Details of the Insured's illness:</p> <p>I. Please provide full and exact details diagnosis.</p> <p>II. Please describe the initial episode</p> <ul style="list-style-type: none"> • Nature of episode • Date: • Duration of acute symptoms • Date of return to normal activities and/ or the Insured present limitation-physical and mental. <p>III. Please comment on any neurological sequelae which lasted more than 24 hours. Are these sequelae is permanent?</p> <p>IV. Has there been a infarction of brain tissue haemorrhage or embolization from an extra-cranial source</p> <p>V. Please provide the full address of the hospital to which the insured was referred, together with the names of the consultants attended</p> <p>VI. Please supply details of radiological, CT Scanning or NM imaging, and laboratory evidence as well as any other tests.</p> <p>We would be grateful for copies of any relevant hospital reports that are available.</p>	
<p>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.</p>	
<p>4. .In your opinion, does the episode suffered by the Insured fulfill the definition stated?</p>	
<p>Signature</p> <p>Address</p> <p>Date</p>	<p>Practice Stamp.</p>

