

Full name of Deceased 死者全名	Date of death 死亡日期
Residence at death 死亡前住址	Place of death 死亡地點
Age at death 死亡前年齡	If Institution or Hospital, give name 若為機構或醫院，請註明名稱

Cause of death 死因 <i>Disease or condition directly leading to death:(This dose not mean the mode of dying, such as heart failure, asthenia,etc. It means the disease, injury or complication which caused death).</i> 直接導至死亡之疾病或情況：(並不是指死亡方式，如心臟病發、心臟衰弱等，而是指導致死亡之疾病、損傷或其他併發症。) (a) (甲) <i>Antecedent causes. (Morbid conditions, if any , giving the rise to the above cause (a) stating the underlying cause last).</i> 遠因 (若有任何病理情況，先註明導至上列 (甲) 項之起因，再列出背後之基本原因。) Due to (b) 乙 Due to (c) 丙 <i>Other significant condition: (contributing to the death but not related to the disease or condition causing death).</i> 其他重要情況：(引至死亡但與導致死亡之疾病或情況無關。) 	Interval between onset and death 病發至死亡之相距時間 (a) 甲 (b) 乙 (c) 丙
---	--

Date of first attendance in last illness 最後一次患病之第一次巡訪日期	Date of last attendance in last illness 最後一次患病之最後一次巡訪日期
--	--

If death was due to accident, suicide or homicide, specify which. Describe briefly 若因意外、自殺或被殺而導致死亡，請註明及簡述有關情況。	Was a death inquest held? 有否進行死亡審訊?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Was an autopsy performed? 有否進行解剖?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, by whom and with what findings? 若有，由誰進行及結果如何?		

Have you treated or advised the deceased during the last three years, prior to last illness? 你有否於過往三年，於死者最後一次患病前，曾治療死者或給與意見？	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the deceased, to your knowledge, receive treatment during the last three years from any other physician, or in any hospital or institution? 據你所知，死者曾否於過往三年內經由其他醫生訪治、或於任何醫院或醫療機構接受治療？	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to either question, please furnish the following: 若上述問題之答案為「有」，請填寫下列資料		
Name 姓名	Address 地址	Nature of illness or Injury 傷病性質
		Approximate Dates 大約日期

These Statement are True and Complete to the Best Of My Knowledge and Belief.
 本人確信本聲明內之資料為真實無訛。

..... **M.D.**
Signature 簽署

.....
 Date 日期

.....
 Address 地址