**KUESIONER NYERI DADA**

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| Perlu diperhatikan:   1. Wajib diisi oleh (Calon) Pemegang Polis dan/atau (Calon) Tertanggung dengan tinta hitam, huruf cetak, jelas dan memberi tanda (√) pada kotak sesuai pilihan. 2. Wajib menandatangani setiap koreksi penulisan (jika ada). 3. Penulisan tanggal selalu mempergunakan format Tanggal-Bulan-Tahun. 4. Apabila diperlukan lembar tambahan, dapat mempergunakan Formulir Pernyataan/Amandemen Untuk SPAJ & Pengajuan Pelayanan Polis yang diisi dan ditandatangani oleh (Calon) Pemegang Polis, (Calon) Tertanggung dan Tenaga Penjual. 5. Apabila telah diisi lengkap oleh (Calon) Pemegang Polis dan/atau (Calon) Tertanggung wajib diserahkan ke Kantor Pusat PT Asuransi Jiwa BCA (“Penanggung”). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I. DATA (CALON) TERTANGGUNG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | Nomor Surat Pengajuan Asuransi Jiwa:  (SPAJ)/Polis Asuransi | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. | Nama Lengkap (Calon) Tertanggung:  (sesuai dengan KTP/Paspor) | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. | Tempat, Tanggal lahir (Calon) Tertanggung: | | | | | | | | | | |  | | | | | | | | , |  |  | / |  |  | / |  |  |  |  |
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| II. WAJIB DILENGKAPI (CALON) TERTANGGUNG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | Kapan pertama kali Anda merasakan nyeri dada? | | | | | | | | | | | | | | | | | | | |  |  | / |  |  | / |  |  |  |  |
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| 2. | Berapa lama serangan tersebut berlangsung? | | | | | | | | | | | |  | | | Detik / | | |  | | | Menit / | | |  | | | Jam | | |
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| 3. | Apakah ada serangan lanjutan sesudahnya? | | | | | | | | | | | | | | | | | | | | | | | |  | Ya | |  | Tidak | |
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|  | Tanggal serangan terakhir: | | | | | | | | | | | | | | | | | | | |  |  | / |  |  | / |  |  |  |  |
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|  | Berapa lama serangan tersebut berlangsung? | | | | | | | | | | | |  | | | Detik / | | |  | | | Menit / | | |  | | | Jam | | |
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|  | Hingga saat ini serangan sudah terjadi sebanyak: | | | | | | | | | | | |  | | | Kali | | |  | | |  | | |  | | |  | | |
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| 4. | Kapan terakhir kali nyeri dada terjadi? | | | | | | | | | | | | | | | | | | | |  |  | / |  |  | / |  |  |  |  |
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| 5. | Bagaimana sifat nyeri dada yang Anda rasakan? | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Sesak Nafas | | | | | |  | Dada terasa diremas | | | | | | |  | Dada terasa tertekan | | | | | | | |  | Dada terasa panas | | | | |
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|  |  | Dada terasa berat | | | | | |  | Dada terasa ditusuk-tusuk | | | | | | |  | Samar-samar, tidak nyaman | | | | | | | |  |  | | | | |
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|  |  | Lainnya, sebutkan ………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. | Dimanakah letak nyeri dada tersebut? | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Di sisi kanan dada | | | | | |  |  | | | | |  | Di tengah dada | | | | |  |  | | | | | | | | | |
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|  |  | Di sisi kiri dada | | | | | |  |  | | | | |  | Di bagian lain dari dada, sebutkan: …………………………………………………………….. | | | | | | | | | | | | | | | |
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| 7. | Apakah nyeri dada tersebut menjalar? | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Ke bahu | | | | | |  |  | | | | |  | Ke lengan | | | | |  |  | | | | | | | | | |
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|  |  | Ke rahang | | | | | |  |  | | | | |  | Ke perut | | | | |  |  | | | | | | | | | |
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|  |  | Ke punggung | | | | | |  |  | | | | |  | Di bagian lain, sebutkan: ………………………………………………………………………………….. | | | | | | | | | | | | | | | |
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| 8. | Bagaimana terjadinya nyeri dada tersebut? | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Mendadak | | | | | |  |  | | | | |  | Bertahap | | | | |  |  | | | | | | | | | |
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|  |  | Di waktu istirahat | | | | | |  |  | | | | |  | Hanya pada postur tertentu | | | | | | | | | | | | | | | |
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|  |  | Hanya pada istirahat sehabis olahraga | | | | | | | | | | | |  | Diperburuk dengan tarik nafas dalam | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Lain-lain, sebutkan: ……………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. | Kondisi bagaimana yang memperburuk nyeri dada? | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Kelelahan/emosi | | | | | |  |  | | | | |  | Tekanan pada dada | | | | | |  | | | | | | | | | |
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|  |  | Batuk menghirup nafas dalam | | | | | | | | | | | |  | Lainnya, sebutkan: ……………………………………………………………….. | | | | | | | | | | | | | | | |
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| 10. | Kondisi bagaimana yang mengurangi nyeri dada? | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Istirahat | | | | | |  |  | | | | |  | Minum susu | | | | | |  | | | | | | | | | |
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|  |  | Minum obat maag | | | | | | | | | | | |  | Lainnya, sebutkan: ……………………………………………………………….. | | | | | | | | | | | | | | | |
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|  |  | Setelah minum obat (Jelaskan secara rinci nama obat, dosis dan frekuensi penggunaannya pada kolom di bawah ini). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. | Apakah keluhan nyeri dada tersebut pernah dikonsultasikan ke Dokter? | | | | | | | | | | | | | | | | | | | | | | | |  | Ya | |  | Tidak | |
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|  | Jika “Ya”, mohon berikan alasannya: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Tanggal terakhir konsultasi: | | | | | | | | |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Diagnosa: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Nama Lengkap Dokter: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | No. Telepon/Handphone: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Nama Klinik/Rumah Sakit: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | Alamat Klinik/Rumah Sakit: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 12. | Apakah ada pengobatan yang diberikan sehubungan nyeri dada? | | | | | | | | | | | | | | | | | | | | | | | |  | Ya | |  | Tidak | |
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|  | Jika “Ya”, mohon menjelaskan secara rinci pada kolom di bawah ini. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. | Apakah pernah melakukan pemeriksaan sebagai berikut? | | | | | | | | | | | | | | | | | | | | | | | |  | Ya | |  | Tidak | |
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|  |  | EKG/ ECG | | | | |  | Rontgen dada | | | | |  | Echocardiogram | | | | |  | Treadmill | | | | |  | Laboratorium | | | | |
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|  |  | Lainnya, sebutkan ............................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Jika “Ya”, mohon menjelaskan secara rinci pada kolom di bawah ini  (Kapan dan bagaimana hasilnya serta melampirkan fotokopi hasil pemeriksaan). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14. | Apakah Anda pernah tidak masuk kerja dalam jangka waktu lama karena kondisi ini ? | | | | | | | | | | | | | | | | | | | | | | | |  | Ya | |  | Tidak | |
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|  | Jika “Ya”, kapan: | | | | | |  |  | / |  |  | / |  |  |  |  | Dan berapa lama? | | | | | |  | | | Hari | |  |  |  |
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| 15. | Mohon Anda memberikan informasi tambahan lain yang menurut Anda penting mungkin dapat membantu proses pengajuan asuransi ini dengan melengkapi kolom di bawah ini. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PERNYATAAN DAN KUASA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Saya/Kami menyatakan bahwa Saya/Kami telah memahami dan menyetujui untuk mengisi secara lengkap dan benar semua informasi dalam Kuesioner Nyeri Dada ini sesuai dengan keadaan sebenarnya sebagai bagian dari kontrak asuransi Jiwa/Kesehatan/Kecelakaan. 2. Saya memberi kuasa kepada setiap Dokter/Rumah Sakit/Klinik/Puskesmas/Laboratorium, perusahaan asuransi atau perusahaan reasuransi, badan, instansi/lembaga atau pihak lain yang mempunyai catatan riwayat kesehatan Saya, untuk mengungkapkan kepada Penanggung mengenai semua keterangan tentang catatan riwayat kesehatan Saya. 3. Kuasa ini merupakan hal yang tidak terpisahkan dari SPAJ dan akan mengikat Saya, Penerima Manfaat/Ahli Waris, dan keluarga Saya (jika ada). 4. Kuasa ini tetap berlaku pada waktu Saya masih hidup maupun sesudah Saya meninggal dunia. Salinan/fotokopi dari surat kuasa ini sama sah berlakunya seperti dokumen asli. 5. Apabila informasi tersebut yang Saya/Kami berikan tidak benar, maka Penanggung berhak membatalkan Polis Saya/Kami sejak awal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ditandatangani: | | | | |  | | | | | | | | | | |  | Tanggal: | | | |  |  | / |  |  | / |  |  |  |  |
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