



九龍中醫院聯網  
Kowloon Central Cluster

**Attendance Record (with / without fee payment record) / Certificate of Hospitalization /  
Medical Certificate Application Form**

**出席紀錄 (連同或不連同已付之費用紀錄) / 住院證明 / 醫生證明書申請表格**

**1. Particulars of Patient 病人資料**

(a) Name : \_\_\_\_\_ (English) \_\_\_\_\_  
姓名 Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名

(b) Sex : \*Male/Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
性別 : \*男 / 女 年齡 出生日期

(c) Nature of Identity Document and Number: \_\_\_\_\_  
身份證明文件類別及號碼

(d) Address: \_\_\_\_\_  
地址

(e) Daytime Telephone Number: \_\_\_\_\_  
日間聯絡電話號碼

# Please produce in person the original ID card/ID document or give a true copy of ID card/ID document for verification. Should the patient be under 18 years of age, please produce the patient's original birth certificate or attach a true copy of the patient's birth certificate.

請親身出示病人的身份證明文件之正本或附上病人的身份證明文件之真確副本。如病人年齡未滿十八歲，請出示病人之出生證明書之正本或附上其出生證明書之真確副本。

**2. Nature of Application 申請性質**

(a) Please tick the appropriate box  
請在適當方格加上「✓」號

☐ Attendance Record (\*with/without fee payment record)  
出席紀錄證明(\*連同 / 或 不連同 已付之費用)

☐ Discharge Slip (Patient's Copy)  
出院紙 (病人備本)

☐ Certificate of Hospitalization  
住院證明

☐ Medical Certificate (Sick Leave Certificate) \*\*  
醫生證明書\*\*

☐ Statement of Accounts  
賬戶結單

By ☐ Hospital Number 住院號碼 \_\_\_\_\_

按照 ☐ Period 時段

(HK\$230 will be charged per hospital number / period)

收費為每項 住院號碼 / 時段 HK\$230

(b) Period 時段: From 由 \_\_\_\_\_ to 至 \_\_\_\_\_

(c) Specialty 專科: \_\_\_\_\_

(d) Purpose (Please Specify):  
用途 (請註明) \_\_\_\_\_

Mode of Collection: ☐ Collect in person

領取方法: 親自領取

☐ Registered mail

掛號信郵寄

\* delete whichever is inappropriate, the certificate would be charge if payment record include.

請刪去不適用者，如連同已付之費用，此證明書需另外收費。



Kowloon Hospital  
九龍醫院

**\*\* 注意事項：**

首次申請醫生證明書（即病人從未獲發該申請時段之醫生證明書）無需收費。

First issuance of Medical Certificate (i.e. Medical Certificate had not been issued before for the requested period) is free of charge.

如已曾經取得醫生證明書或遺失有關文件，病人亦可考慮申請重發有關醫生證明書，收費為每張 HK\$230。

If the Medical Certificate for the requested period had already been issued or lost, patient may consider applying for re-issuance of Medical Certificate if necessary, which the charge will be HK\$230 per certificate. 醫生證明書上的病假時段會按病人的實際情況而定，並非按照申請人意願批出。

Sick leave period indicated on Medical Certificate is granted according to the patient's condition instead of the applicant's request.

本院會在收妥上述所有文件及所需費用後，方會開始處理有關申請。

The application would only be processed once all the above documents and application fee are received by our hospital.

**3. Details the Relevant Person: 有關人士詳情**

(To be completed if a \*Relevant Person Applies **OR** \*Collect the requested information on behalf of the Patient)

(如果本申請乃由 \*有關人士代表病人提出 **或** \*代其領取申請資料, 則須填寫此部份)

**\*請刪除不適用者 (Delete whichever is inappropriate)**

- (a) Name: \_\_\_\_\_ (English) ( \_\_\_\_\_ )  
姓名 Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名
- (b) Sex: ☐ Male ☐ Female Age: \_\_\_\_\_  
性別 男 女 年齡
- (c) #HKID Card No.: \_\_\_\_\_ / #Passport No.: \_\_\_\_\_  
#香港身份證號碼 #護照號碼
- (d) Address: \_\_\_\_\_  
地址
- (e) Daytime Telephone Number: \_\_\_\_\_  
日間聯絡電話號碼
- (f) Any Other Contact Telephone Number(s): \_\_\_\_\_  
其他聯絡電話號碼

# Please produce in person the original or provide a true copy of the HKID Card/Passport of Relevant Person when submitting this Application.

# 在向本院提交本表格時, 請親身出示有關人士的香港身份證/護照正本或提交真確副本。

**4. Relationship between the Relevant Person and the Patient (please tick as appropriate):**

有關人士與病人的關係, 請在適當方格內加 ☒ 號

**(To be completed if a Relevant Person Applies for Access on behalf of the Patient)**

**(如果本申請乃由有關人士代表病人提出, 則須填寫此部份)**

- EITHER ☐ (a) The Relevant Person has parental responsibility for the Patient who is under age 18;  
請選擇 病人年齡未滿十八歲, 而有關人士對其有父母責任;
- OR ☐ (b) The Relevant Person has been duly authorised by the Patient to submit this request and to  
或 collect the medical report on behalf of the Patient;  
有關人士獲病人授權提交申請, 以及代其領取醫療報告;
- OR ☐ (c) The Patient is incapable of managing his/her own affairs and the Relevant Person has  
或 been appointed by a court to manage the affairs of the Patient;  
病人無能力管理本身事務, 獲法院任命的有關人士管理此人的事務;

- OR  
或
- [     ] (d) The Patient is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is:  
病人屬《精神健康條例》所指的精神上無行為能力的人，以及有關人士為：
- [     ] appointed as a guardian of the Patient by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the Mental Health Ordinance ;  
經由法院、裁判官或監護委員會就《精神健康條例》第44A、59O或59Q 條委任為病人的監護人；
- [     ] the Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Patient ;  
社會福利署署長就《精神健康條例》第44B(2A)或59T(1)條獲轉歸病人的監護；
- [     ] the Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental Health Ordinance is authorized to perform the functions of a guardian for the Patient.  
社會福利署署長或監護委員會認可的人士，根據《精神健康條例》第44B(2B) 或59T(2)條獲授權執行病人的監護人的職能。

If the box in (d) is ticked, state the date when the Relevant Person was appointed a guardian / was vested the guardianship / was authorized to perform the functions of a guardian :

如選擇(d) 項，請提供有關人士被委任監護人 / 獲轉歸監護 / 獲授權執行

監護人職能的日期：\_\_\_\_\_

Is the appointment / vesting / authority to perform under (d) still subsisting?

上述(d) 項的委任 / 轉歸 / 授權執行是否仍然有效？

[   ] Yes 是                      [   ] No 否

# Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Patient. The documentary evidence can be:

- a. a birth certificate / legal custody paper if the Relevant Person claims parental responsibility over the Patient; or
- b. an original authorization form signed by the Patient where the Relevant Person claims to have been duly authorised by the Patient; or
- c. a court document issued by a court appointing the Relevant Person to manage the affairs of the Patient who is incapable of managing his/her own affairs; or
- d. a guardianship order issued by the Guardianship Board / court / magistrate which can show that the Relevant Person is currently appointed as the guardian of the mentally incapacitated Patient; or
- e. documentary evidence to show that the Relevant Person has been vested the guardianship or that he is authorized to perform the functions of a guardian under the relevant section of the Mental Health Ordinance.

# 請一併提供能證明有關人士與病人之間關係的證件或提交真確副本。該證件為：

- a. 出生證明書／法定管養權證明書(若有關人士聲稱對病人有父母責任)；或
- b. 病人簽署的授權書正本(若有關人士聲稱已獲此人的授權)；或
- c. 法院簽發任命有關人士管理病人事務的法院文件 (若此人無能力管理本身事務)；或
- d. 監護委員會/ 法庭/ 裁判官作出的監護令，顯示有關人士現正委任為精神上無行為能力的病人的監護人；或
- e. 證明文件顯示有關人士就《精神健康條例》的相關條文獲轉歸監護或獲授權執行監護人的職能。

## 5. Declaration and Signatures: 聲明及簽署

WHERE applicable, the Patient has irrevocably authorised the Relevant Person to deal with this medical report request and to collect the medical report on behalf of the Patient. The Patient and (where applicable) the Relevant Person declare that the information given in this Medical Report Request Form is accurate.

在適用情況下, 病人已授權有關人士, 准許其代表病人處理此醫療報告申請及領取醫療報告。病人及有關人士(如適用者) 謹此聲明在此「醫療報告申請」表格內提供的資料準確無訛。

Signature of the Patient: \_\_\_\_\_

病人簽署

Date: \_\_\_\_\_

日期

### If application by Relevant Person: 若由有關人士提交申請

Signature of Relevant Person (if applicable): \_\_\_\_\_

有關人士簽署 (如適用)

Date: \_\_\_\_\_

日期

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### FOR OFFICIAL USE:

- [ ] \*病人／有關人士的 \*香港身份證／護照號碼 已經由 \_\_\_\_\_ [職員姓名] 核對正本。  
\*The Patient's / The Relevant Person's \*HKID Card / Passport Number(s) \*has / have been checked against the original  
by \_\_\_\_\_ [name of staff].
- [ ] \*病人／有關人士的 \*香港身份證／護照號碼 已經由 \_\_\_\_\_ [職員姓名] 核對其 \*香港身份證／護照副本 (但未經核對正本)。  
\*The Patient's / The Relevant Person's \*HKID Card / Passport Number(s) \*has / have been checked against the copy  
(original not seen) by \_\_\_\_\_ [name of staff].