

(For Office Use Only 只供有關部門填寫)
MRO/MR
Date:

醫療報告/醫療記錄及醫生證明書修正表格

MEDICAL REPORT/MEDICAL RECORDS AND MEDICAL CERTIFICATE AMENDMENT FORM

(Please read the "Notes of Application for Medical Report / Patient's Information" before completing this form)

Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this application and other directly related purposes only.

(在填寫本表格前請先參閱"<u>醫療報告及病人資料申請須知</u>") 除獲有關個人的同意外,本表格收集的個人資料只可用於處理此項申請及其他與之直接有關的目的。

(a)	Name 姓名: (English 英文)	(Chinese #	h 寸)
(b)	Sex 性別: □ Male 男 □ Female 女		
	HKID Card no. 香港身份證號碼:		
` '	Address 地址: Daytime telephone no. 電話號碼(日間):		
,	TURE OF AMENDMENT 修正項目 (PLEA		
	□ Medical report 醫療報告 (Reference numb		
,		el 参考航時 WRO/WR)
(-)	□ Medical certificate 醫生證明書		
/	□ Medical records 醫療記錄		
<u>DO(</u> (a)	CUMENTS ENCLOSED 附上文件 (PLEA □ I enclose herewith the original medical repo		
(b)	☐ I declare that the original medical report / n		
(~)	本人現聲明於年月		
			本院將不會補發醫療報告/醫生證明書的正本
f (a`	and (b) are not applicable, please apply fo	or a new medical report / me	edical certificate by using the "Medical repo
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PAF (a) (b) (c)	TAILS OF AMENDMENT 要求修正詳情 RTICULARS OF APPLICANT 申請人資料 Name 姓名: (English 英文) Sex 性別: □ Male 男 □ Female 女 HKID Care Address 地址:	(Note: For doctors' reference only(To be completed if the applican(Chinese 中d no.香港身份證號碼:	y 請注意:以下要求只供醫生作參考用途) It is not the patient 如病人為申請人則此項不須填寫 中文)Tel. No.電話號碼:
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