



**Grantham Hospital**  
**Health Information & Records Office**

G/F, Main Block  
125 Wong Chuk Hang Road  
Aberdeen, Hong Kong  
Tel.: 2518 2203 Fax: 2555 7319  
Opening hours: Monday - Friday: 9 a.m. to 5 p.m.;  
Saturday: 9 a.m. to 1 p.m.;  
Sunday & Public Holidays: Closed  
(Phone Enquiry Only Available from Mon-Fri within opening hours)

**葛量洪醫院**  
**醫療及病歷資訊部**

香港香港仔黃竹坑道125號正座地下  
電話: 2518 2203 傳真: 2555 7319  
辦公時間: 星期一至五: 上午九時至下午五時;  
星期六: 上午九時至下午一時;  
星期日及公眾假期: 休息  
(電話查詢服務只限星期一至五辦公時間內)

**Information Sheet for Medical Report and Patient Information Application**

**申請醫療報告及病人資料須知**

1. The application is applicable to patient treated in our hospital. Patient can authorize a person to apply on his / her behalf; if the patient is a minor aged under 18 or mentally incapable, the application should be made via his / her parent / guardian or provided written consent from the patient's parent / guardian.  
本申請只接受於本院接受治療之病人申請。如病人授權其他人士代其申請，請提交書面授權聲明；如病人未滿十八歲或因精神狀況而不能處理本身事務，須經由病人父/母或監護人作出申請，或取得病人父/母或監護人書面授權。
2. Applicant should complete the application form and submit together with the following documents:  
申請人必須在申請表格內清楚列明所有有關資料及附上下列有關證明文件：
  - i. Patient's identity document 病人之身份證明文件  
(if the HKID card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital. If the Passport No. is provided, please produce in person the original or provide a copy of the Passport of the Data Subject when submitting this application to our hospital. 若提交香港身份證號碼，而提交的號碼正確及與醫管局資料庫所記錄的號碼相符，無須親身出示香港身份證正本或提交真確副本。否則，須提交香港身份證的真確副本，或親身出示香港身份證正本，以供查核。若提交護照號碼，請在向本院提交本申請表格時，親身出示資料當事人的護照正本或提交真確副本。)
  - ii. Applicant's identity document (if applied by persons other than the patient).  
申請人（如申請人非病人本人）之身份證明文件。
  - iii. Patient aged under 18: A copy of the patient's birth certificate and identity document of the parent OR documentary proof of relationship of guardianship.  
未滿十八歲之病人：出生證明書及父 / 母 / 監護人身份證明文件真確副本或監護人之證明。
  - iv. Original consent by patient for release of medical report(s) / medical information or original consent by parent / guardian on behalf of patient aged under 18. Consent letter must include the patient's name, the patient's Hong Kong Identity Card number, the name of the authorized person, the authorized person's Hong Kong Identity Card number, a statement of consent for authorization, the date, and the signature of the patient, parent / guardian.  
病人簽署之有關發放醫療報告/病人資料之正本授權書或父 / 母 / 監護人代未滿十八歲病人簽署之正本授權書。授權書內容必須包括病人的姓名、病人的香港身份證號碼、獲授權人士的姓名、獲授權人士的香港身份證號碼、同意授權聲明、日期以及病人本人或父 / 母 / 監護人的簽署。
  - v. A court document issued by a court appointed the Relevant Person to manage the affairs of the patient who is incapable of managing his own affairs.  
法院簽發任命有關人士管理病人事務的法院文件（若病人無能力管理本身事務）。
  - vi. 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.  
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。
3. If the patient is currently hospitalized, the application may be processed only upon discharge, subject to the discretion of the relevant specialty.  
如病人目前尚在住院，取決於相關專科的考慮，該申請或於病人出院後才能開始處理。
4. Please ensure that the insurer's or applicant's details are accurately completed on the claim form and submitted alongside the application form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided.  
關於填寫保險索償表格或由其他機構發出之表格的申請，申請人有責任確保在其表格上已填妥受保人或申請人的資料，並連同本院申請表一併交回。醫院保留權利填報閣下遞交之表格或提供另一種合適的醫療報告以供閣下備用。

5. Application can be made in person or by post. For application by post, please submit the duly completed application form, relevant supporting documents, together with a crossed cheque of the processing fee made payable to “Hospital Authority” to “Grantham Hospital, Health Information & Records Office, G/F, Main Block, 125 Wong Chuk Hang Road, Aberdeen, Hong Kong”. Please do not send cash by post.  
申請人可於辦公時間親臨「葛量洪醫院 醫療及病歷資訊部」及出示以上文件正本辦理有關手續或一併郵寄填妥的申請表格、支票及以上文件的真確副本寄回「葛量洪醫院醫療及病歷資訊部 香港香港仔黃竹坑道125號正座地下」辦理申請。支票抬頭請寫明支付「醫院管理局」並加劃線。切勿郵寄現金。
6. All copies of identity documents will be used solely for the purpose of this request. They will be destroyed following the completion of this procedure.  
所提交的身份證明文件副本只作此次申請用途，手續完成後，將會全部銷毀。

### **Charges 費用:**

7. Medical Report / Claim Form: a minimum fee of HK\$895 per specialty per report requested, with a maximum fee of HK\$3,580. Applicant will be informed of the extra charges before the report is processed.  
每份由個別診療部門發出的醫療報告基本所需費用為港幣895元，收費最高可達港幣3,580元。如需加收費用，醫院會在提供報告前通知申請人。
8. Re-issuance of a Medical Certificate (Sick Leave Certificate): HK\$230 per copy.  
補發醫生證明書(病假證明書): 每份港幣230元。
9. All fees must be paid upon application.  
各項收費須於申請時一併繳交。
10. This amount is non-refundable even if the request is withdrawn subsequently.  
如果事後欲取消申請，此等費用將不會發回。

### **Other Information 其他資料:**

11. All medical report(s) / patient information will be written in English. The hospital does not provide translation service.  
所有醫療報告 / 病人資料均用英文書寫。本院並無翻譯服務。
12. For any amendment request, please submit the original medical report(s) / patient information. Please note that such amendment is subject to our doctor(s) / hospital management’s final decision.  
如對醫療報告 / 病人資料有修正的要求，必須交回該正本報告 / 資料。惟報告 / 資料能否修正，將由本院及醫生作最後決定。
13. Any person who collects the medical report(s) / patient information in person should produce identity proof and original authorization letter (applicable to collector who is not the patient himself or not the authorized person in item 3 of this Form or is a company staff) for verification.  
所有人士親身到取醫療報告 / 病人資料時，須出示身分證文件及由申請人發出的正本授權書（適用於申請人為非病人本人或非本表格項目3獲病人授權之人士或公司代表），以便職員核對資料。
14. Medical report(s) / patient information will be sent to the address provided in item 1 of this form by registered mail if the medical report(s) / patient information is / are not collected within 3 months after being informed. If the medical report(s) / patient information sent by registered mail is undelivered and returned by the Post Office, the medical report(s) / patient information will be disposed of 3 months after its return without any further or prior notice.  
如醫療報告 / 病人資料在齊備及通知後三個月內未被領取，本院會以掛號郵件形式將其寄送至申請人於本表格項目1提供的地址。因未能送遞而被郵局退回的醫療報告 / 病人資料，會於三個月後銷毀，而不作另行通知。
15. In general, upon receiving the completed application form with required supporting documents, each medical report application will be completed around 8 weeks. Longer processing time is required depending on individual specialty, or if multi-specialties or several claim forms are involved.  
一般情況下，已遞交所需文件之醫療報告 / 表格 / 證明書申請需時約八星期完成。因應個別專科，或申請涉及跨專科多份醫療報告 / 表格 / 證明書，處理時間會較長。
16. The above details may be subject to change without prior notice.  
本院或會隨時修訂以上條款並不作另行通知。

**Medical Report and Patient Information Application Form 醫療報告及病人資料申請表**

(Please read the “Information Sheet for Medical Report and Patient Information Application” before making the application, and provide relevant information. 作出申請前，請先參閱“申請醫療報告及病人資料須知”，並提交相關資料。)

**1. Particulars of Patient 病人資料:**

- (a) Name in English 英文姓名：(Surname first) \_\_\_\_\_  
Name in Chinese 中文姓名：(姓氏先行) \_\_\_\_\_
- (b) Sex 性別: \*Male 男 / Female 女 (c) Date of Birth 出生日期：\_\_\_\_\_ (d) Age 年齡：\_\_\_\_\_
- (e) \* HKID Card/Passport/Other No. \*香港身份證/護照/其他號碼：\_\_\_\_\_
- (f) Address 地址：\_\_\_\_\_
- (g) Daytime Telephone No. 日間聯絡電話號碼：\_\_\_\_\_ (h) Other Contact No(s). 其他聯絡電話號碼：\_\_\_\_\_

**2. Information Requested 索取的資料:**

(a) **Specialty 專科:**

- |                                                                 |                                                                                |                                                           |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Cardiac Medical Unit<br>心臟內科           | <input type="checkbox"/> Tuberculosis and Chest Medical Unit<br>結核暨胸肺內科        | <input type="checkbox"/> Ophthalmology<br>眼科              |
| <input type="checkbox"/> Geriatric Medical Unit<br>老人科          | <input type="checkbox"/> Rheumatology and Clinical Immunology Unit<br>風濕及臨床免疫科 | <input type="checkbox"/> Palliative Medical Unit<br>紓緩醫學科 |
| <input type="checkbox"/> Others (please specify) 其他(請註明): _____ |                                                                                |                                                           |

- (b) **Period 期間:** from 由: \_\_\_\_\_ to 至: \_\_\_\_\_  
(日DD/月MM/年YYYY) (日DD/月MM/年YYYY)

(c) **Nature of Request 申請項目:**

- Medical Report 醫療報告
- Insurance Claim Form 保險索償表格 (Claim Form submitted 遞交表格數量: \_\_\_\_\_ Set(s)份)  
(# please attach relevant form from insurance company if applicable 請附上適用的保險公司表格)
- Form B 公務員申請發還 / 直接支付醫療費用表格 B
- Medical Certificate (Sick Leave Certificate) 醫生證明書(病假證明書)  
From 由: \_\_\_\_\_ (日DD/月MM/年YYYY) to 至: \_\_\_\_\_ (日DD/月MM/年YYYY)
- CRR4 《殘疾人士登記證 — 傷殘類別證明書》
- MPF(S)-W(M) 成員永久不適合執行特定種類工作證明書
- Others (please specify) 其他(請註明): \_\_\_\_\_

(d) **Purpose 申請用途:**

- Future medical purposes / personal record 日後醫療用途 / 個人記錄
- Insurance claim 申索保險賠償
- Legal proceedings 法律申訴程序
- Certification of sickness/injury for 證明疾病/受傷以用作 \_\_\_\_\_
- Immigration application 申請移民
- Rehousing application 申請公屋徙置
- Others (please specify) 其他(請註明): \_\_\_\_\_

(e) **Contents 內容包括:**

- Nature of sickness/disability/injury 疾病或傷殘或受傷性質
- Nature of operation/treatment 手術/治療的性質
- Length of hospitalization 留院日期
- Length of sick leave granted 病假日期

please tick the appropriate 請在適當  內加√號

\* delete whichever is inappropriate 請刪去不適用者

- An assessment of the degree of permanent disability following sickness/injury  
疾病/受傷而引致的永久傷殘程度評估
- An assessment of whether the patient will be fit to work in the job at the time of sickness/injury  
評估病人將來是否適宜恢復其在患病/受傷前負責的工作
- Others (please specify) 其他(請註明): \_\_\_\_\_

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

(To Be Completed if a Relevant Person Applies for Medical Report on behalf of the Patient)  
(如果本申請乃由有關人士代表資料當事人提出，則須填寫此部份)

- (a) Name in English 英文姓名：(Surname first) \_\_\_\_\_  
Name in Chinese 中文姓名：(姓氏先行) \_\_\_\_\_
- (b) Sex 性別： \*Male 男 / Female 女
- (c) \* HKID Card / Passport / Other No. \*香港身份證/護照/其他號碼： \_\_\_\_\_
- (d) Address 地址： \_\_\_\_\_
- (e) Daytime Telephone No. 日間聯絡電話號碼： \_\_\_\_\_ (f) Other contact No(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 the Relevant Person when submitting this "Medical Report and Patient Information" Application Form.  
在向本院提交本「申請醫療報告及病人資料」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. Mode of Collection 領取醫療報告的方式:**

The medical report(s) will be sent to you by registered mail unless you choose to collect in person.  
除非你選擇親臨領取醫療報告，否則你所要求的資料將會以掛號郵件寄出。

- Collect the medical report(s) in person. Please inform Patient / Recipient (If applicable) when the report(s) is/are ready for collection. 親臨領取醫療報告，請在可以領取時通知病人本人 / 接收人 (如適用)。  
Name of the recipient: \_\_\_\_\_ HKID Card No.: \_\_\_\_\_  
接收人姓名： \_\_\_\_\_ 香港身份證號碼： \_\_\_\_\_
- Post to the address provided in "item 1" of this form. 郵寄到表格"項目1"提供的地址。
- Post to other address: \_\_\_\_\_  
郵寄到其他地址： \_\_\_\_\_

**5. Declaration & Signature 聲明及簽署:**

I declare that the information given in this Form is accurate. I and/ or my parent/ guardian by signing this Form consents to the Hospital disclosing and sending my medical report / patient information to the authorized person stated in item 3 and/or the recipient in item 4 of this Form (if applicable).

本人謹此聲明在本表格內提供的資料準確無訛。本人及/或其父 / 母 / 監護人簽署此表格代表病人及 / 或其父 / 母 / 監護人同意有關之院方透露及發出其醫療報告 / 病人資料給申請表項目3所填寫之獲授權人士和 / 或項目4的接收人 (如適用)。

For patient who is over 18 years old. 此欄適用於滿十八歲之病人	
Signature of the patient 病人簽署	Date 日期

If patient is a minor or mentally incapable. 此欄適用於未滿十八歲或因精神狀況而不能處理本身事務之病人	
Signature of the patient's parent/guardian 病人父/母/監護人簽署	Name in Block Letters 姓名(請用正楷填寫):
	Nature of Identity Document and number
Date 日期	

FOR OFFICAL USE ONLY 此欄只供部門填寫	
The Data Subject's [*and Relevant Person's] *HKID Card/Passport Number(s) *has/have been checked against the original / copy (original not seen) by	
(Name of staff and Signature)	(Date):

- please tick the appropriate 請在適當  內加√號 \* delete whichever is inappropriate 請刪去不適用者