

Office Use Only 只供有關部門填寫)

Application No. : [_____]

To : Dept of _____

From : HIRD (ext. 7042) Date issue : _____

Please complete and return before _____.

Medical Report

Sick Leave Certificate

Attached Form Others _____

Patient will follow up _____ OPD on _____ am / pm.



醫療報告及病人資料申請表格

MEDICAL REPORT / PATIENT'S INFORMATION APPLICATION FORM

1. PARTICULARS OF PATIENT 病人個人資料

(a) Name 姓名: (English 英文) _____ (Chinese 中文) _____

(b) Sex 性別: Male 男 Female 女 Age 年齡: _____ Date of Birth 出生日期: _____

(c) HKID Card No. 香港身份證號碼: _____ OR 或 Passport No. 護照號碼: _____

(d) Address 地址: _____

(e) Daytime Telephone No. 電話號碼 (日間): _____ Other Contact No. 其他聯絡電話號碼: _____

2. NATURE OF REQUEST 申請項目 (PLEASE CHOOSE ONE ONLY 只可選擇其中一項)

Medical Report 醫療報告

Certify True Copy 認證副本

Sick Leave Certificate 病假證明書

Date of Admission & Discharge 出入院日期

Attendance Certificate 到診證明書

Proof of Date of Death 死亡日期證明

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

Attendance Record 到診記錄

Others 其他: _____

3. HOSPITALIZATION / FOLLOW-UP RECORD 住院 / 覆診記錄

(Note : For doctors' reference only 請注意：以下要求只供醫生作參考用途)

(a) Specialty 專科部門: A&E 急症 ORT 骨科 MED 內科 SUR 外科 Others 其他: _____

(b) Request Period 申請期間 From 由 _____ To 至 _____

4. REASON FOR APPLICATION 申請原因

(Note : For doctors' reference only 請注意：以下要求只供醫生作參考用途)

Insurance claim 申索保險賠償 (Claim Form Attached 附上保險表格) (If the claim form is being completed, no additional medical summary will be given. 如醫生已填寫附上的保險表格，則不會另外附上一份醫療報告。)

Employee compensation claims 申索工傷賠償

Legal proceedings 法律申訴程序

Support of application for family reunion 協助申請家人來港團聚

Clinical Follow-up 醫療參考

Immigration / Visa Application 申請移民 / 簽證

Personal record 個人記錄

Others - Please Specify 其他 - 請註明 _____

5. PARTICULARS OF APPLICANT 申請人資料

(To be completed if the applicant is a person other than the patient 如病人為申請人則此項不須填寫)

(a) Name 姓名: (English 英文) _____ (Chinese 中文) _____

(b) Sex 性別: Male 男 Female 女 HKID Card No. 香港身份證號碼: _____

(c) Address 地址: (I agree the hospital to send the medical report / patient's information to the following address by "Registered Post")
(本人同意院方將醫療報告 / 病人資料以掛號形式寄往下述地址)

(d) Relationship with patient 與病人關係: _____ Tel. No. 電話號碼: _____

Please produce the original or provide a true copy of the applicant's identity document.
請出示申請人身份證明文件或提交真確副本。

Applicant's Signature 申請人簽署 _____

Date 日期 _____

6. PATIENT'S CONSENT 病人同意

(To be completed if the patient is a living individual and over 18 years old 只供年滿十八歲的在生人仕填寫)

I consent to have my medical information disclosed to the applicant / concerned authority.
本人同意院方將本人之病歷資料發放給申請人 / 有關人仕。

Patient's Signature 病人簽署 _____

Date 日期 _____

7. CONSENT FROM PATIENT'S PARENT OR GUARDIAN / DECEASED NEXT OF KIN

病人父母或監護人 / 死者近親同意書

(To be completed if patient is under 18 years old / patient has deceased 如病人未滿十八歲或已故，請填寫以下資料)

* Please delete the appropriate item 請刪去不適用的項目

(a) Name 姓名: (English 英文) _____ (Chinese 中文) _____

(b) Sex 性別: Male 男 Female 女 HKID Card No. 香港身份證號碼: _____

(c) Address 地址: _____

(d) Relationship with *patient/deceased 與*病人 / 死者關係: _____ Tel. No. 電話號碼: _____

(e) To be completed if apply for **deceased's** medical report 只供申請**已故病人**的醫療報告填寫

Declaration 聲明

I have applied for or I have been appointed by court as the personal representative or one of the personal representatives to administer the Deceased's estate.

本人已經向法院申請或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者的遺產。

I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.

本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者的遺產的人士。

(f) I consent to have the patient's / deceased's medical information disclosed to the applicant / concerned authority.

本人同意院方將病人 / 死者之病歷資料發放給申請人 / 有關人仕。

Patient's Parent or Guardian / Deceased's Next of Kin's Signature

病人父母或監護人 / 死者近親簽署 _____

Date 日期 _____

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Checked	INF / PI	Y / N	To: Finance Dept.
INF / PI	<input type="checkbox"/> BC / MC / DC	<input type="checkbox"/> Received by	Fr.: M(HI&R)
Original request	<input type="checkbox"/> Cheque / Cash	_____	Please charge <input type="checkbox"/> Medical Report at HK\$695.00 x _____
Consent	<input type="checkbox"/> Receipt / Bill	Remarks	<input type="checkbox"/> Official Signature at HK\$175.00 x _____
ID	<input type="checkbox"/> Endorsed	_____	Receipt no.: _____

(Please ✓ in the appropriate box – 請在適當方格填上 ✓ 號)

(2/08)