

致：伊利沙伯醫院行政總監
To：Hospital Chief Executive, QEH

(請刪去不適用者。 Please delete as appropriate.)

病人姓名

Patient's Name : (英文) _____ (中文) _____
(in English - Block Letter)

病人身份證 / 護照號碼

Patient's HKID Card / Passport No.: _____

申請人姓名

Applicant's Name : (英文) _____ (中文) _____
(in English - Block Letter)

申請人身份證 / 護照號碼

Applicant's HKID Card / Passport No.: _____

申請人與病人之關係

Relationship with Patient: _____

病人授權書

有 未有

Patient Consent: Yes No

(申請人若非病人本人，必須取得病人簽署同意書及出示病人之身份證明文件或提交副本。

If the applicant is not the patient, a written consent of the patient is required and the applicant must also produce in person the original or a copy of the patient's identity document.)

(如申請人是病人之父母或監護人，請出示能證明申請人與病人之間的關係證明文件或提交副本。

If the applicant is the patient's parent or guardian, please produce in person the original or provide a copy of the documentary evidence to support the relationship.)

申請原因 / 用途

Reason / Purpose of Application: _____

所屬專科

Specialty : _____

*醫生證明書 Medical Certificate 日期/時段 Date / Period: _____

*出院紙(病人備本) Discharge Slip (Patient Copy) 日期/時段 Date / Period: _____

*病假日期證明 Certificate of Sick Leaves Period (HK\$300.00) 日期/時段 Date / Period: _____

*請閱讀有關申請醫生證明書 / 出院紙 / 病假日期證明及更改有關文件內容之事宜，以確認所需申請的項目

到診證明 Attendance Certificate 日期/時段 Date / Period: _____

查詢出生/分娩時間 Time of Birth/Delivery (HK\$300.00)

[如查詢出生時間，請附上出世紙副本及母親之身份證號碼

For application for Time of Birth, please attach the copy of birth certificate and provide your Mother's HKID Card number]

出生/分娩 年/月/日 Date of Birth/Delivery: _____ 母親之身份證號碼 Mother's HKID Card No.: _____

(如適用)

(If applicable)

有效副本證明 Certify True Copy (HK\$300.00)

(病人需提交有關副本 Patient should provide a photocopy of the certificate(s) for request.)

「殘疾人士登記證」申請表 Application for "Registration Card for People with Disabilities"

其他 Others: _____

* 注意事項：

(1) 如使用傳真或電郵方式遞交表格，請附上身份證明文件之副本。 Please attach HKID/ Passport copy if apply by fax/e-mail.

(2) 以上文件須視乎實際情況發出，院方不擔保能提供申請人所需文件。

All applications are subject to availability. The hospital does not guarantee to provide every requested document.

病人/申請人簽署 Patient's / Applicant's Signature : _____

日期 Date : _____

地址 Address: _____

(請清楚填寫郵寄地址，以免郵遞錯誤。本院並不向任何人擔保所有寄發之郵件必能寄達。如在過程中有延誤、寄失或資料外洩的情況出現，本院恕不負責。To ensure correct mailing, please write your postal address clearly. Queen Elizabeth Hospital does not guarantee the successful delivery or safety of any mails issued. In the event of mailing delay, misdelivery or leakage of information during the process, our hospital shall not take any responsibility thereof.)

日間聯絡電話

Contact phone number (day): _____

有關申請醫生證明書 / 出院紙 / 病假日期證明及更改有關文件內容之事宜

- 出院紙內容包括： 出、入院日期、簡單病名和醫生簽署或院方印章
- 醫生證明書內容包括： 到診日期、病名、出入院日期 (如適用)、病假日期(如適用)和醫生簽署

請注意：

- 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
- 如已曾經取得醫生證明書或遺失有關文件, 可申請「**病假日期證明**」以證明病假時段, 收費為 HK\$300, 而「**病假日期證明**」文件內容只包括病假日期、有關個案編號及發出病假的部門資料。病人亦可考慮申請**重發**有關**醫生證明書**, 收費為**每張** HK\$300, 詳情請向醫療資料申請辦事處職員查詢。
- 更改文件內容, 例如: 醫生證明書上需要醫生填寫正確病名、病假的時段不符, 或出院紙上沒有病因等, 病人均需要交回該文件的正本, 以便有關部門辦理該項申請。
- 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。

申請有關事項的所需文件：

(1) 申請書

(2) 身份證明文件副本

- 如申請人非病人本人, 須遞交申請人之身份證明文件副本及病人授權書
- 如病人未能自行申請有關事項, 請申請人出示有效證明之正本或副本, 以證明其病人不便自行申請有關事項
- 如病人是 18 歲或以下之人士, 其父母或監護人請提交能證明申請人與病人之間的關係證明的副本)

(3) 有關文件正本 (*適用於更改文件內容之申請)

(如未能在提交有關申請時提供正本, 亦可先提供副本, 但在取回正式文件前, 必須先交回該文件之正本)

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。

有關資料請寄回：

九龍加士居道 30 號

伊利沙伯醫院

E 座 1 樓 5A 室 (信封面請註明申請事項)

或

傳真至 3506 8446 (病人事務辦事處)

或

電郵至「qeh.pro@ha.org.hk」

(*傳真/電郵後請致電確認部門已收到有關資料及資料清晰。)

如有查詢, 請致電 3506 8430 (病人事務辦事處)

有關申請查詢出生/分娩時間事宜

申請有關事項的所需文件：

- (1) 申請書
- (2) 出世紙副本
- (3) 身份證明文件副本
- (4) 申請費用收據／支票（郵寄）

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，如院方未能提供出生/分娩時間，將退回有關款項予 閣下。

所需支票的資料如下：

支票抬頭： 醫院管理局

銀碼： HK\$300 元正

支票背後請寫上申請人全名及聯絡電話

(*如有多個申請，每一個申請均需收取 HK\$300)

有關資料請寄回：

九龍加士居道 30 號

伊利沙伯醫院

E 座 1 樓 5A 室

(信封面請註明「查詢出生 / 分娩時間」)

或

傳真至 3506 8446 (病人事務辦事處)

或

電郵至「qeh.pro@ha.org.hk」

(*傳真/電郵後請致電確認部門已收到有關資料及資料清晰。)

如有查詢，請致電 3506 8430 (病人事務辦事處)

有關申請殘疾人士登記證事宜

申請有關事項的所需文件：

- (1) 申請書
- (2) 身份證明文件副本
(如申請者非病人本人，須遞交申請人之身份證明文件副本及病人授權書)
- (3) 殘疾人士登記證申請表傷殘類別證明書 (CRR4)

註：CRR4 表格只供醫生或專業醫療人員填寫，病人及其家屬請勿填寫。

有關資料可寄回：

九龍加士居道 30 號

伊利沙伯醫院

E 座 1 樓 5A 室

(信封面請註明申請事項)

或

傳真至 3506 8446 (病人事務辦事處)

(*傳真後請致電確認部門已收到有關資料及資料清晰。)

如有查詢，請致電 3506 8430 (病人事務辦事處)

Application for Medical Certificate / Discharge Slip / modification of content

- Content of **Discharge Slip** includes: Date of admission and discharge, brief description of illnesses and doctor's signature / hospital chop
- Content of **Medical Certificate** includes: Date of appointment, description of illnesses, date of admission and discharge (if applicable), period of sick leave granted (if applicable) and doctor's signature.

Please note:

- First issuance of **Medical Certificate** (i.e. Medical Certificate had not been issued before for the requested period) is free of charge
- If the Medical Certificate for the requested period had already been issued or lost, patient may apply for "**Certificate of Sick Leaves Period**" to prove the period of sick leave granted by the hospital. Content of **Certificate of Sick Leaves Period** includes the period of sick leave granted, related case number and the issuing department only. Patient may consider applying for re-issuance of Medical Certificate if necessary, which the charge will be HK\$300 per certificate. Please contact Medical Record Office for details.
- For modification of content, such as inaccurate description of illnesses and period of sick leave granted on Medical Certificate, or missing description of illnesses indicated on discharge slip, applicants should provide the original for processing of the application.
- Sick leave period indicated on Medical Certificate is granted according to the patient's condition instead of the applicant's request.

Documents required:

- (1) Application form
- (2) Copy of identity document
 - If the applicant is not the patient, a written consent of the patient is required and the applicant must also produce the copy of the patient's identity document
 - If the patient is unable to submit the application himself/herself, relevant document(s) must be provided to support the relationship between patient and the applicant
 - If the applicant is the patient's parent or guardian, please provide a copy of the documentary evidence to support the relationship)
- (3) Original(s) of the relevant document(s) (*For application of content modification)
(If the original(s) was/were unavailable upon application, a copy of the document could be provided at initial stage. Applicant shall return the original(s) before collection of the requested document(s).

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

Please send the relevant documents to the following address:

Room 5A, 1/F, Block E,
Queen Elizabeth Hospital,
30 Gascoigne Road, Kowloon (Please write down the subject of application on envelope)

OR

By fax to 3506 8446 (Patient Services Office)

OR

By e-mail to qeh.pro@ha.org.hk

(*Please call the Patient Services Office after the fax or e-mail to ensure the receipt of application)

For enquiries, please call the Patient Services Office at 3506 8430.

Application for “Time of Birth” (or Time of Delivery)

Documents required:

- (1) Application form
- (2) Copy of Birth Record
- (3) Copy of identity document
- (4) Receipt of application fee / Cheque (For application by mail)

The application would only be processed once all the above documents and application fee are received by our hospital. If the requested information is not available, the application fee would be refunded to the applicant.

Details are as follows:

Payable to: Hospital Authority

Amount: HK\$300 only

Please write applicant’s full name and contact number on the back of the cheque
(*HK\$300 is required for EACH application.)

Please send the relevant documents to the following address by mail:

Room 5A, 1/F, Block E,

Queen Elizabeth Hospital,

30 Gascoigne Road, Kowloon

(Please write “Application for Time of Birth / Delivery” on envelope)

OR

By fax to 3506 8446 (Patient Services Office)

OR

By e-mail to qeh.pro@ha.org.hk

(*Please call the Patient Services Office after the fax or e-mail to ensure the receipt of application)

For enquiries, please call the Patient Services Office at 3506 8430.

Application for “Registration Card for People with Disabilities”

Documents required:

(1) Application form

(2) Copy of identity document

(If the applicant is not the patient, a written consent of the patient is required and the applicant must also produce the copy of the patient’s identity document)

(3) Certification of Disability Type for Registration Card for People with Disabilities (CRR4)

Remarks: CRR4 can only be filled in by doctors or professional medical officers.

Please send the relevant documents to the following address:

Room 5A, 1/F, Block E,

Queen Elizabeth Hospital,

30 Gascoigne Road, Kowloon

(Please write down the subject of application on envelope)

OR

By fax to 3506 8446 (Patient Services Office)

(*Please call the Patient Services Office after the fax to ensure the receipt of application)

For enquiries, please call the Patient Services Office at 3506 8430.