Shatin Hospital
沙田醫院

(For Office Use Only 只供有關部門填寫)

MRO/MR_____

Date: _____

醫療報告及病人資料申請表格

MEDICAL REPORT / PATIENT'S INFORMATION APPLICATION 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"申請醫療報告及病人資料須知")
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。

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: (The hospital will send the medical report/patient's information to the following address by "Registered Post" if the patient is the applicant 如病人為申請人，醫療報告／病人資料將以掛號形式寄往下述地址)

_____

(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

☐ Attendance Certificate 到診證明書 From 由_____To 至_____

☐ Date of Admission & Discharge 出入院日期

☐ Sick Leave Certificate 病假證明書 From 由_____To 至_____

☐ Attendance Record 到診紀錄

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

☐ Medical Expenses Record 醫療費用紀錄

☐ Certificate of an Employee's Permanent Unfitness for a Particular Type of Work 證明僱員永久不適合擔任某類工作證明書

☐ Application for Reimbursement/ Direct Payment of Medical Expenses (except drug provided by the Hospital Authority)
申請發還/ 直接支付醫療費用（由醫院管理局提供的藥物的費用除外）

☐ Others 其他: _____

3. HOSPITALIZATION / FOLLOW-UP RECORD 住院/覆診紀錄

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

(a) ***Must be Completed 必須填寫*** Specialty 專科部門: _____

(b) Admission Information 入院資料

Hospital Number 住院號碼:_____Request Period 申請期間 From 由_____To 至_____

Hospital Number 住院號碼:_____Request Period 申請期間 From 由_____To 至_____

(c) Follow-up Information 覆診資料

OPD Number 覆診編號 :_____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 保險表格附上)
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 proceeding (please specify in details) 法律申訴程序用途（請列明詳情)_____

☐ Support of application for family reunion 協助申請家人團聚

☐ Clinical Follow-up 醫療參考

☐ Immigration / Visa Application 申請移民 / 簽證

☐ Personal Record 個人紀錄

☐ Others-Please Specify 其他-請註明 _____

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

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:_____Tel. No.電話號碼: _____

(c) Address 地址: (The hospital will send the medical report / patient's information to the following address by "Registered Post" 醫療報告 / 病人資料將以掛號形式寄往下述地址予申請人)

_____

(d) Relationship with patient 與病人關係 :_____

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.
本人同意醫院管理局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 / GUARDIAN 病人家長 / 監護人同意書

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

(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:_____Tel. No.電話號碼: _____

(c) Address 地址:_____

(d) Relationship with patient 與病人關係 : _____

(e) I consent to have the patient's medical information disclosed to the applicant / concerned authority.
本人同意醫院管理局將病人之病歷資料發放給申請人/有關人仕。

_____

Patient's Parent / Guardian's Signature
病人家長 / 監護人簽署

Date 日期: _____

FOR OFFICE USE ONLY 只供有關部門填寫

Applicant's ID checked ☐ Y / ☐ N

Relationship checked ☐Y / ☐ N

INF ☐ Y / ☐N

PL ☐ Y / ☐ N

PI ☐ Y / ☐ N

Shroff Office,

Please charge Medical Report at $_____

.....

MRO, SH

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

(Revised on 202601)

Shatin Hospital
沙田醫院

申請醫療報告/病人資料須知

申請費用:

1. 醫療報告 - 根據醫院管理局指引，每份醫療報告/每個專科最低收費為港幣$1,100，最高收費為$4,400。
2. 病人資料/ 醫生證明書 - 根據醫院管理局指引，申請一般病人資料/ 醫生證明書(簽發重複記錄、經認證的記錄副本或從醫院管理局持有的記錄或資料庫中提取的資訊)，每份收費為港幣300 。 其他特別病人資料收費，請向本處職員查詢。
3. 一經申請，所付之一切費用，概不發還。

申請辦法:

1. 申請人士在遞交申請表時，須即時繳交所需費用。申請醫療報告則須繳交最低手續費$1,100。支票付款者，請用劃線形式， 收款人應為「醫院管理局」。
2. 如申請醫療報告是作為賠償用途，請附上有關表格。惟醫生可以書面形式或所提供之表格完成醫療報告。
3. 申請人須註明申請的專科部門及所有有關病人接受本院治療的資料，包括日期、診症及住院收據、覆診咭等。
4. 所有文件/ 申請表格一經修改，病人須在修改部份加簽。
5. 如未能呈交病人/病人的授權人之同意書或出示有關証明文件正、副本及繳交費用前，有關之申請將不獲處理。

所需文件:

1. 申請人須取得病人的同意書或授權書，方可申請有關病人的醫療報告/病人資料。
2. 申請人須取得病人父 / 母 / 監護人同意書方可申請十八歲以下病人的醫療報告/病人資料。
3. 如有需要，申請人、病人及有關人士等須出示有關証明文件及呈交文件副本，以核實身份，例如：
   - 結婚証明書
   - 香港身份証
   - 出生証明書或法定管養權証明書 (若病人在十八歲以下)
4. 申請醫療報告時所提交的同意書／授權書必須為「正本」或「已確認為正本之影印本」。

申請需時:

1. 每份醫療報告/ 病人資料需時大約八星期完成。

其他須知:

1. 所有醫療報告/ 病人資料均用英文書寫。
2. 如對報告有修正的要求，必須交回報告之正本。惟報告能否修正，將由本院及醫生作最後決定。
3. 本院發出之醫療報告/病人資料，會以掛號形式郵寄予申請人。如有特別要求，請在申請時註明。
4. 所有由本院撥出的電話，其來電顯示號碼為 3919 7400，請留意接聽。

聯絡方法:

親臨/ 郵寄申請及查詢

地址: 新界 沙田 馬鞍山 亞公角街三十三號正座 地下 入院登記處

辦公時間: 星期一至星期五： 上午八時三十分至下午一時及下午二時至五時十八分
星期六、日及公眾假期休息

查詢電話: (852) 3919 7696 傳真號碼: (852) 3919 7713

(更新日期: Jan 2026)

Shatin Hospital
沙田醫院

Notes of Application for Medical Report/Patient's Information

Fees & Charges:

1. Medical Report - According to the policy of Hospital Authority, a minimum of HK$1,100 per medical report per specialty and subject to a maximum of HK$4,400 will be charged.
2. Patient's Information/ Medical Certificates - According to the policy of Hospital Authority, HK$300 will be charged for general requests. (Issuance of a duplicate record, certified copy of a record or information extracted from record or database held by HA). Regarding the charges for other special requests, please contact our staff.
3. No refund of the charge will be made once an application is submitted.

Apply Method:

1. Charges for all requests should be paid during submission. The minimum charge of HK$1,100 should be paid when submitting an application for medical report. Payment by cheque should be crossed and made payable to the 'Hospital Authority'
2. If the reason for request is "Claim for Compensation / Insurance", please attach the relevant insurance form. Doctor will complete the medical report either in essay form or in the provided form.
3. The specialty responsible for completion of medical report / patient's information and all relevant information about the attendance of the patient, including dates, receipts and follow-up card must be specified upon submission of request.
4. An authorized signature of the patient is required if there is any amendment made on the documents / application form.
5. Under no circumstances will the application for medical report / patient's information be processed without receiving consent from patient or patient's authorized person, checking original and copy of relevant documents and paying the charges.

Required Documents:

1. Consent of patient should be obtained for an applicant to apply for the patient's medical report / patient's information.
2. Consent of patient's parent / guardian should be obtained for an applicant to apply for the medical report / patient's information if the patient is under 18 years of age.
3. All relevant supporting documents of the applicant, patient, and concerned parties should be presented for verification of identity upon request. Copy of the documents may be required if necessary. Examples of the supporting documents are:

   - Marriage Certificate
   - Hong Kong Identity Card
   - Birth Certificate or Legal Custody Paper (if the patient is under 18)

4. "Original consent" or "certified true copy" of the consent is required for application of medical report / patient's information.

Time of Completion:

1. Each medical report / patient's information will be completed in around eight weeks.

Other Points to Note:

1. All medical reports / patient's information are written in English.
2. For any amendment request, please submit the original copy of medical report / patient's information. Please note that such amendment is subject to our doctors / hospital management's final decision.
3. All medical report / patient's information will be sent to the applicant by "Registered Post" unless specified upon application.
4. All calls from our hospital will show 3919 7400 in the caller display. Please note and pick up the call.

Contact Us: If you have any queries, please contact our Medical Records Office at:

Address: 33 A Kung Kok Street, Ma On Shan Shatin, New Territories (Admission Office)
Office Hour: 8:30am to 1pm, 2pm to 5:18pm (except Saturday, Sunday and Public Holiday)
Enquiry Hotline: (852) 3919 7696 Facsimile No.: (852) 3919 7713

(Revised on Jan 2026)