



Application for Medical Report/ Copy of Medical Record

醫療報告／醫療紀錄副本申請表格

Notes for Application

申請須知

1. All medical reports/ medical records are written in Chinese or English. Translation services will not be provided. The format of medical reports/ medical records is decided by the Department of Health.
所有醫療報告 / 醫療紀錄均以中文或英文簽發，衛生署不會提供翻譯服務。醫療報告 / 醫療紀錄的形式由衛生署決定。
2. For students under the age of 18 years, the applicant must either be their parents or legal guardians. Students who are of the age 18 years or over can apply the medical reports/ medical records by themselves.
如學生未滿十八歲，申請人必須是學生的父母或法定監護人。到十八歲及以後，學生可自行提出申請。
3. Documents required for application
 - a. If the student is of the age 18 years or over, he/ she can apply by submitting (i) a completed application form for medical report/ copy for medical record, and (ii) a copy of the student's identity document.
 - b. If the student is under the age of 18 years, the applicant has to submit (i) a completed application form for medical report/ copy for medical record, (ii) a copy of the applicant's identity document, and (iii) a copy of the student's birth certificate or documentary evidence showing the relationship between the parent and the student, or the guardianship between the legal guardian and the student.
 - c. For applications from student's representatives/ third parties (e.g. insurance companies, law firms, etc.), please also submit (i) documentary evidence that the student's (if of the age 18 years or over) or parent or legal guardian of the student (if under the age of 18 years)'s consent has been obtained, and (ii) a copy of the applicant's identity document if the application is not submitted by a company.
 - d. Additional documents or information may be required if necessary. An application with insufficient documents or incorrect information may not be further processed.

申請所需的文件

- a. 如學生已年滿十八歲或以上，可自行提交(i) 已填妥的醫療報告 / 醫療紀錄副本申請表格及 (ii) 學生的身份證明文件副本。
 - b. 未滿18歲的學生，申請人須提供 (i) 已填妥的醫療報告 / 醫療紀錄副本申請表格、(ii) 申請人的身份證明文件副本及(iii) 學生的出生證明書或能證明其監護權的書面文件副本。
 - c. 如申請由學生代表 / 第三方（例如：保險公司、律師事務所等）提出，請額外提交 (i) 已獲申請人授權的證明文件及 (ii) 申請人的身份證明文件副本（申請人為公司如保險公司、律師事務所，則不適用）。
 - d. 如有需要，衛生署可能要求申請人提交其他有關文件或資料。如遞交的文件不足或資料有錯漏，我們可能無法進一步處理相關申請。
4. Charges
 - a. HK\$800 will be levied per medical report. For copies of the X-ray film, processing fee and duplication charge will be imposed. The processing fee is HK\$76 per application. The duplication charge is HK\$230 per film. Payments must be made at the time when the medical report is requested. For the application for copy of medical record, a charge of HK\$1.5 per page for photocopying will be imposed. Applicants will be advised in advance of payment.
 - b. A crossed cheque/ bank draft shall be made payable to "The Government of the Hong Kong Special Administrative Region". Please write down the applicant's name, identity document number and contact number on the back of the cheque/ bank draft. If you wish to pay in cash or by octopus card, please make the payment at the Shroff of Student Health Service Centre concerned (please refer to Table 1 for the addresses). Cash should NOT be sent by post. Charges will NOT be refunded even if the application is withdrawn before the medical report/ medical record is issued.

收費

- a. 每份醫療報告的收費為港幣800元。如索取X光片副本，需繳付處理費為每次港幣76元及複印費每張港幣230元。此費用須在申請醫療報告時一併繳交。申請醫療紀錄副本時，我們會收取所需之影印費用，每頁收費為港幣1.5元。
 - b. 請以劃線支票 / 銀行本票繳款，支票抬頭請寫明「香港特別行政區政府」，並在支票/銀行本票背面寫上申請人的姓名、身份證明文件號碼及聯絡電話號碼。如以現金或八達通卡繳款，請到所屬學生健康服務中心的繳費處付款（有關地址請見表一）。請勿郵寄現金。如申請人在醫療報告 / 醫療紀錄發出前取消申請，所繳付的費用概不發還。
5. The Department of Health will process the application after all necessary documents and fees are received. Processing time is normally 8 weeks. The medical report and/ or copy of medical record, together with an official receipt, will be sent to the collection point or address that specified in the application. The applicant will be notified when the document is ready for collection. If the document is not collected within 3 months after notification, the document will be destroyed without further notice and no refund of any charges paid will be made.



Student Health Service, Department of Health

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衛生署會在確認收妥全部所需文件及費用後，處理有關申請，一般需時約八週。醫療報告及/或醫療紀錄副本，會連同正式收據送往申請表上註明的領取點或收件地址。申請人收到通知後，必須於三個月內領取所申請的文件，否則文件將被銷毀而所收款項亦不會退回。

- Please submit documents in person to the Student Health Service Centre concerned (please refer to Table 1 for the addresses). 請親身到所屬的學生健康服務中心遞交所需文件。(有關地址請見表一)
- The personal data provided will be used for processing the application and record management. For details, please refer to the Statement of Purposes for Collection of Personal Data. 申請時所提供的個人資料，衛生署將用作處理相關申請及管理紀錄用途。詳情請參閱收集個人資料的用途聲明。

Table 1 表一

Student Health Service Centres 學生健康服務中心	Addresses 地址
Chai Wan Student Health Service Centre 柴灣學生健康服務中心	1/F Chai Wan Health Centre, 1 Hong Man Street, Chai Wan 柴灣康民街1號柴灣健康院1樓
Western Student Health Service Centre 西環學生健康服務中心	9/F Rumsey Street Multi-storey Carpark Building, 2 Rumsey Street, Sheung Wan 上環林士街2號林士街多層停車場大廈9樓
Lam Tin Student Health Service Centre 藍田學生健康服務中心	5/F Lam Tin Polyclinic, 99 Kai Tin Road, Kwun Tong 觀塘啟田道99號藍田分科診所5樓
Kowloon Bay Student Health Service Centre 九龍灣學生健康服務中心	7/F Kowloon Bay Health Centre, 9 Kai Yan Street, Kowloon Bay 九龍灣啟仁街9號九龍灣健康中心7樓
Kowloon City Lions Clubs Student Health Service Centre 九龍城獅子會學生健康服務中心	1/F Lions Clubs Health Centre, 80 Hau Wong Road, Kowloon City 九龍城侯王道80號獅子會健康院1樓
Tsz Wan Shan Wu York Yu Student Health Service Centre 慈雲山伍若瑜學生健康服務中心	2/F Wu York Yu Health Centre, 55 Sheung Fung Street, Tsz Wan Shan 慈雲山雙鳳街55號伍若瑜健康院2樓
West Kowloon Government Offices Student Health Service Centre 西九龍政府合署學生健康服務中心	2/F South Tower West Kowloon Government Offices, 11 Hoi Ting Road, Yau Ma Tei, Kowloon 油麻地海庭道11號西九龍政府合署南座2樓
Sha Tin Student Health Service Centre 沙田學生健康服務中心	1/F Sha Tin (Tai Wai) Clinic, 2 Man Lai Road, Tai Wai, Sha Tin 沙田大圍文禮路2號沙田(大圍)診所1樓
Tai Po Student Health Service Centre 大埔學生健康服務中心	2/F Tai Po Jockey Club Clinic, 37 Ting Kok Road, Tai Po 大埔汀角路37號大埔賽馬會診所2樓
Shek Wu Hui Student Health Service Centre 石湖墟學生健康服務中心	2/F Shek Wu Hui Jockey Club Clinic, 108 Jockey Club Road, Sheung Shui 上水石湖墟馬會道108號-130號石湖墟賽馬會診所2樓
South Kwai Chung Student Health Service Centre 南葵涌學生健康服務中心	2/F South Kwai Chung Polyclinic, 310 Kwai Shing Circuit, Kwai Chung, Tsuen Wan 荃灣葵涌葵盛圍310號南葵涌分科診療所2樓
Tuen Mun Student Health Service Centre 屯門學生健康服務中心	1/F Tuen Mun Clinic, 11 Tsing Yin Street, Tuen Mun 屯門新墟青賢街11號屯門診療所1樓
Yuen Long Student Health Service Centre 元朗學生健康服務中心	1/F Yuen Long, Jockey Club Health Centre, 269 Castle Peak Road, Yuen Long 元朗青山公路269號元朗賽馬會健康院1樓



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Application for: Medical Report

申請項目 醫療報告

Copy of Medical Record

醫療紀錄副本

(Note: Please select appropriate box(es).)

(注意: 如適用可選多於一項)

File Ref No.

檔案編號: _____

(for official use/由職員填寫)

Section 1: Particulars of Applicant

第一部分: 申請人資料

Please indicate if the applicant is the student:

申請人是否學生本人

Yes (please complete Section 1)

是 (請填寫第一部分)

No (please complete Sections 1 to 3)

否 (請填寫第一至第三部分)

Name:

姓名 _____

English 英文

Chinese 中文

Sex 性別:

Male 男

Female 女

Identity Document No.:

身份證明文件號碼: _____

Contact Address:

通訊地址 _____

Contact Number:

聯絡電話: _____

Section 2: Particulars of Student (to be completed if the applicant is not the student)

第二部分: 學生資料 (適用於非學生本人提出的申請)

Name:

姓名 _____

English 英文

Chinese 中文

Sex 性別:

Male 男

Female 女

Relationship with the applicant:

與申請人關係 _____

Identity Document No.:

身份證明文件號碼: _____

Contact Address (if different from Section 1):

通訊地址 (若與第一部份不同) _____

Contact Number:

聯絡電話: _____

*Please delete whichever is appropriate

*請刪去不適用者

Please tick (✓) as appropriate

請於適當方格內加「✓」



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Section 3: Declaration of Parental Relationship/ Guardianship (to be completed if the student is under the age of 18 years)

第三部分：父母／監護人關係聲明（適用於未滿18歲的學生申請）

Under the Personal Data Privacy Ordinance, all requestors who make a data access/correction request on behalf of a minor are required to make the following declaration :

根據個人資料私隱條例，所有代表未成人人士提出查閱或更改資料的要求，需簽署以下聲明：

Declaration

聲明

I declare that I am the parent/ guardian of _____ .

(Name of Student)

本人聲明為_____之父母／監護人。
(學生姓名)

Signature of applicant

申請人簽署： _____

Name of applicant

申請人姓名： _____

HKID No

身份證號碼： _____

Date

日期： _____

Section 4: Details of Medical Report/ Copy of Medical Record under Request

第四部分：申請醫療報告／醫療紀錄副本項目詳情

Medical Report

醫療報告

Clinical Psychological Report

心理報告

Date of Consultation:

會診日期： _____

X-ray Film

X光片

Date of Appointment:

檢查日期： _____

Others (please specify):

其他(請註明):

Date (if applicable):

日期(如適用): _____

*Please delete whichever is appropriate

*請刪去不適用者

Please tick (✓) as appropriate

請於適當方格內加「✓」



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Section 5: Purpose of Application

第五部分：醫療報告／醫療紀錄副本申請之用途

- | | |
|--|---|
| <input type="checkbox"/> For medical follow-up
醫療用途 | <input type="checkbox"/> For insurance claim
保險索償 |
| <input type="checkbox"/> For personal record
個人紀錄 | <input type="checkbox"/> Others (<i>please specify</i>):
其他 (請註明): _____ |

Section 6: Method of Collection

第六部分：醫療報告／醫療紀錄副本領取方法

- In person at Chai Wan / Western / Lam Tin / Kowloon Bay/ Kowloon City Lions Clubs / Tsz Wan Shan Wu York Yu / Sha Tin / Tai Po / West Kowloon Government Offices / Shek Wu Hui / South Kwai Chung / Tuen Mun / Yuen Long SHSC*
親自領取，地點為 柴灣／西環／藍田／九龍灣／九龍城獅子會／慈雲山伍若瑜／沙田／大埔／西九龍政府合署／石湖墟／南葵涌／屯門／元朗學生健康服務中心*
- By registered post to 以掛號方式郵寄至
- Applicant's contact address (same address as Section 1 indicated)
申請人通訊地址 (與第一部分相同)
 - The following person / organization:
以下收件人/機構:
Recipient Name:
收件人姓名: _____
Recipient Address:
收件人地址: _____
Recipient Contact No.:
收件人聯絡電話: _____



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Section 7: Declaration and Consent

第七部分：聲明及同意書

- I have read and agreed the aforementioned “Application Notes”.
本人已閱讀並明白上述「申請須知」。
- I declare that the information given in this application is accurate. By signing this form, I authorise/ have obtained patient’s authorisation to Student Health Service of the Department of Health to disclose and send the medical report and/or copy of medical record under this application to me/ the recipient in Section 6 above.
本人謹此聲明在本表格內提供的資料準確無訛。本人簽署此表格代表本人同意 / 已獲學生授權衛生署學生健康服務透露及發出是次申請的醫療報告及 / 或醫療紀錄副本給予本人 / 第六部分所填寫之收件人 / 機構。

Signature of Applicant:

申請人簽名

Name of Applicant:

申請人姓名

Date:

日期

*Please delete whichever is appropriate

*請刪去不適用者

Please tick (✓) as appropriate

請於適當方格內加「✓」