



Application for Medical Report Special Preventive Programme

Application Notes

1. All medical reports are written in English. The format of medical report is decided by the Department of Health.
2. Documents required for application
 - a. A copy of patient's identity document is essential to process the application.
 - b. If the patient is under 18 year-old, please also submit :
 - (i) a copy of the patient's birth certificate;
 - (ii) documentary proof showing your custody of the minor or make a declaration by signing the declaration form (please refer to the Appendix for the declaration form); and
 - (iii) a copy of the applicant's identity document.
 - c. For the application of medical report for a deceased patient, please also submit :
 - (i) a copy of patient's death certificate;
 - (ii) a copy of documentary evidence showing the relationship between the applicant and the deceased (e.g. marriage certificate, birth certificate, etc.); and
 - (iii) a copy of the applicant's identity document.
 - d. For the requests from patient representatives / third parties (e.g. insurance companies, law firms, etc.), please also submit :
 - (i) the documentary evidence that patient's consent has been obtained; and
 - (ii) a copy of the applicant's identity document if the application is not submitted by a company.

Provision of supplementary information / documents may be requested when necessary. Insufficient or incorrect information may cause delay or failure in processing the application.

3. Charges
 - a. As stipulated in the Gazette, HK\$800 will be levied for one medical report. Payment must be made at the time when the medical report is requested.
 - b. A crossed cheque / bank draft shall be made payable to "The Government of the Hong Kong Special Administrative Region". Please write down your name, identity document number and contact number on the back of the cheque / bank draft. If you wish to pay in cash, please submit it to the Shroff at Special Preventive Programme Clinic concerned (please refer to Table 1 for the address). Cash should NOT be sent by post.

Charges will NOT be refunded even if the request is withdrawn before the medical report is issued.

4. Processing Time
The application will be processed after confirmation with you on the application and relevant charges. Processing time is normally 3 to 4 weeks. The medical report together with an official receipt, will be sent to the collection point or address that specified in the application. You 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 charge paid will be made.
5. Submission of Application
 - a. In person to the Special Preventive Programme Clinic concerned (please refer to Table 1 for the address);
OR
 - b. By post to the Special Preventive Programme Clinic concerned (please refer to Table 1 for the address).
6. Statement of Purpose
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.
7. Enquiry
For any enquiries, please contact Special Preventive Programme, Department of Health at 21162888 (Kowloon Bay Integrated Treatment Centre) or 21956588 (Yau Ma Tei Integrated Treatment Centre).



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Table 1

Kowloon Bay Integrated Treatment Centre	8/F, Kowloon Bay Health Centre, 9 Kai Yan Street, Kowloon Bay, Kowloon.
Yau Ma Tei Integrated Treatment Centre	7/F, Yau Ma Tei Jockey Club Polyclinic, 145 Battery Street, Yau Ma Tei, Kowloon.



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To: Kowloon Bay Integrated Treatment Centre Yau Ma Tei Integrated Treatment Centre

(Note : Please only submit application to ONE clinic / centre in each application form.)

Section 1 : Particulars of Applicant

Please indicate if the applicant is the patient :

Yes (please complete Section 1) No (please complete Sections 1 and 2)

Name :		(English in block letters)		(Chinese)	
Sex :	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Hong Kong Identity Card No. :		OR	Passport No. :		
Contact Address :					
Contact No. :					

Section 2 : Particulars of Patient (to be completed if the applicant is not the patient)

(Note : Please refer to paragraph 2 of "Application Notes" for the documents required for the application.)

Name :		(English in block letters)		(Chinese)
Sex :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Relationship with the applicant :	
Hong Kong Identity Card No. :		OR	Passport No. :	
Contact Address :				
Contact No. :				

Please tick (✓) as appropriate



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Section 3 : Purpose of Application	
<input type="checkbox"/> For medical follow-up <i>(Note : please provide relevant document such as official note by medical practitioner if any.)</i>	<input type="checkbox"/> For insurance claim
<input type="checkbox"/> For personal record	<input type="checkbox"/> Others <i>(please specify):</i> _____

Section 4 : Method of Collection	
<input type="checkbox"/> In person at the Special Preventive Programme Clinic concerned (please refer to Table 1 for the addresses)	
<input type="checkbox"/> By registered post to	
<input type="checkbox"/> Applicant's contact address (same address as Section 1 indicated)	
<input type="checkbox"/> The following person / organisation:	
Recipient Name :	_____
Recipient Address :	_____
Recipient Contact No. :	_____

Section 5 : Declaration and Consent	
<input type="checkbox"/> I have read and agreed the aforementioned "Application Notes".	
<input type="checkbox"/> I declare that the information given in this application is accurate. I by signing this Form authorise / have obtained patient's authorisation to Special Preventive Programme of the Department of Health to disclose and send the medical report under this application to me / the recipient in Section 4 above.	
<input type="checkbox"/> I confirm that the required documents as referred in paragraph 2 of "Application Notes" are enclosed. I understand that provision of supplementary information / documents may be requested when necessary; and that insufficient or incorrect information may cause delay or failure in processing the application.	
Signature of Applicant / Patient :	_____
Name of Applicant / Patient :	_____
Date :	_____

Please tick (✓) as appropriate

**Data access / correction requests
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 (except those who have provided documentary proof of his / her custody of the minor) :

Declaration

I declare that I have the custody of the child named below :

(Name of Child)

Signature: _____

Name: _____

ID No.: _____

Date _____