



**FAMILY HEALTH SERVICE  
DEPARTMENT OF HEALTH  
衛生署家庭健康服務**

**Updating Personal Particulars / Transfer of Health Record  
申請更改個人資料 / 申請轉送健康記錄**

**Part A  
甲部**

I, (applicant) \_\_\_\_\_ would like to apply for \* updating personal particulars / transfer of health record.

本人 (申請人) \_\_\_\_\_ 申請 \* 更改個人資料 / 申請轉送健康記錄。

\*Please circle the applicable \*請圈選適用者

**Types of Health Record to be updated / transferred** (Please tick in the appropriate box, and you may select more than one item)  
申請更改個人資料 / 轉送的健康記錄類別 (請在適當欄位劃「✓」, 並可選多過一項)

Health Record 健康記錄	Record No. 記錄號碼	Service requested : 所需服務 :
Child Health 兒童健康		<input type="checkbox"/> Updating data (Please fill in <b>Part C “Record(s) to be updated”</b> ) 更改資料 (請繼續填寫丙部「更新資料」) <input type="checkbox"/> Transferring record to _____ MCHC 轉送記錄至 _____ 母嬰健康院
Psychosocial 心理社會		<input type="checkbox"/> Updating data (Please fill in <b>Part C “Record(s) to be updated”</b> ) 更改資料 (請繼續填寫丙部「更新資料」) <input type="checkbox"/> Transferring record to _____ MCHC 轉送記錄至 _____ 母嬰健康院
Antenatal 產前檢查		<input type="checkbox"/> Updating data (Please fill in <b>Part C “Record(s) to be updated”</b> ) 更改資料 (請繼續填寫丙部「更新資料」) <input type="checkbox"/> Transferring record to _____ MCHC 轉送記錄至 _____ 母嬰健康院
Postnatal 產後檢查		<input type="checkbox"/> Updating data (Please fill in <b>Part C “Record(s) to be updated”</b> ) 更改資料 (請繼續填寫丙部「更新資料」) <input type="checkbox"/> Transferring record to _____ MCHC 轉送記錄至 _____ 母嬰健康院
Family Planning 家庭計劃		<input type="checkbox"/> Updating data (Please fill in <b>Part C “Record(s) to be updated”</b> ) 更改資料 (請繼續填寫丙部「更新資料」) <input type="checkbox"/> Transferring record to _____ MCHC 轉送記錄至 _____ 母嬰健康院
Woman Health 婦女健康		<input type="checkbox"/> Updating data (Please fill in <b>Part C “Record(s) to be updated”</b> ) 更改資料 (請繼續填寫丙部「更新資料」) <input type="checkbox"/> Transferring record to _____ MCHC/WHC 轉送記錄至 _____ 母嬰健康院/婦女健康中心
Cervical Screening 子宮頸檢查		<input type="checkbox"/> Updating data (Please fill in <b>Part C “Record(s) to be updated”</b> ) 更改資料 (請繼續填寫丙部「更新資料」) <input type="checkbox"/> Transferring record to _____ MCHC 轉送記錄至 _____ 母嬰健康院

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## Part B 乙部

### Personal Data shown on Health Record

#### 健康記錄上的個人資料

Name:

姓名 \_\_\_\_\_

Chinese 中文

English 英文

Birth Cert. / HKID. / Travel Document no. :

出世紙 / 香港身份證 / 旅遊證件號碼 \_\_\_\_\_

Date of Birth :

出生日期 \_\_\_\_\_

Name of Centre :

母嬰健康院/婦女健康中心名稱 \_\_\_\_\_

## Part C 丙部

### Record(s) to be updated

#### 更新資料

Identity Document No. :

身份證明文件號碼 \_\_\_\_\_

Name :

姓名 \_\_\_\_\_

Date / Place of Birth :

出生日期 / 地點 \_\_\_\_\_

【Please provide valid documents for updating data in the items 1-3 (original or copy)】

【如更改 1-3 項資料，必須提供有效證明文件(正本或副本)】

Address :

地址 \_\_\_\_\_

Telephone No. :

電話號碼 \_\_\_\_\_

Others :

其他 \_\_\_\_\_

### Please read the following notes before you sign the application form:

#### 簽署申請表格前，請先閱讀以下須知:

1. You are advised to inform our centre as soon as possible whenever you change your personal particulars.  
如個人資料有變更，請盡快通知本母嬰健康院 / 婦女健康中心。
2. Applicant who owns more than one health records in the same MCHC should submit one application form only.  
如申請人於同一母嬰健康院內擁有多個健康記錄，只須遞交一份申請表格。
3. If the data subject is a child, the applicant must be the child's parent or legal guardian. Please also fill in Part D.  
如記錄持有人為兒童，申請人必須為兒童的父母或法定監護人，並請填妥丁部。
4. The applicant needs to produce the following documents:
  - Your HKID card (either original or photocopy)
  - If the health record belongs to a child, the child's birth certificate (either original or photocopy)
  - If the applicant is the legal guardian, please provide documentary evidence to support the relationship
  - Vaccination cards / relevant follow-up cards (either original or photocopy)
  - Valid documents for updating data in Part C items 1-3 (either original or photocopy)

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申請人須提供以下之文件：

- 申請人的身份證(正本或副本)
  - 如記錄持有人為兒童，有關兒童之出世紙(正本或副本)
  - 若申請人是兒童的法定監護人，請出示能證明申請人與兒童關係的證明文件
  - 針卡/有關服務的覆診卡(正本或副本)
  - 如更改丙部 1-3 項的資料，必須提供有效證明文件(正本或副本)
5. You may be asked to provide additional information to help us meet your request. We may not be able to process your application if you do not provide sufficient information.  
你或需提供更多資料，以協助我們處理你的申請。如你未能提供足夠資料，我們或許不能辦理你的申請。
6. The personal data you provide are mainly used for process your application and record management within the Department of Health. They may also be disclosed to other government departments or related agencies for the same purpose.  
你所提供的個人資料，本署將會用作處理你的申請及管理記錄的用途。亦可能於有需要時轉給其他政府部門或有關機構，作同樣用途。
7. Applicant can submit the completed application form by mail or by fax, or in person to the Maternal and Child Health Centres (MCHC) / Woman Health Centres (WHC). For the addresses, fax and enquiry telephone number of MCHC / WHC, you may visit our website at [www.fhs.gov.hk](http://www.fhs.gov.hk).  
申請人可將申請表格郵寄、傳真或親身交回所屬母嬰健康院/婦女健康中心。有關母嬰健康院 / 婦女健康中心的地址、傳真和查詢電話，你可瀏覽本署的網頁 [www.fhs.gov.hk](http://www.fhs.gov.hk)。
8. Applicants submitting their application forms by fax should call the MCHC/WHC the following working day to confirm delivery of the application forms and related information.  
如用傳真方法遞交申請表格，請於第二個工作天致電該母嬰健康院/婦女健康中心，確定申請及有關資料是否已收妥。
9. For applications submitted by mail, our staff will send to the applicants an acknowledgment receipt by mail within 5 working days upon receipt of the application form. Applicants could also call the relevant MCHC/WHC three working days after the mailing of the application form to confirm delivery of the application forms and related information.  
如郵遞申請表格，職員會在接獲申請後五個工作天內郵寄認收回收條給申請人。申請人亦可在寄件後的第三個工作天之後，致電該母嬰健康院/婦女健康中心查詢，確定申請及有關資料是否已收妥。
10. It takes about 2 weeks to process an application for transfer of Health Record (from the day the application form is received). Upon successful transfer of Health Record, staff of the new MCHC/WHC will either call or send a notice to inform the applicant.  
處理申請轉送健康記錄約需時兩個星期(以收到申請表日期起計算)。完成處理申請程序後，新的母嬰健康院/婦女健康中心職員將以電話或書面通知申請人健康記錄已經成功轉送。
11. Upon successful transfer of Health Record, you should bring the following documentation for the purpose of re-registration when visit the new MCHC/WHC for the **first time**:  
成功轉送健康記錄後，**首次**接受服務時，必須帶備下列文件，以便辦理重新登記手續：-

Child health services 兒童健康服務	1. Original or copy of the child's birth certificate 兒童出世紙（正本或副本）；
	2. Original or copy of the parents' HKID card 父母親的身份證（正本或副本）；
	3. Immunisation Record (DH6) 兒童的免疫接種記錄（DH6）；
	4. Child Health Record (DH2423/ DH2424/ DH2690) 兒童健康記錄（DH2423/ DH2424/ DH2690）
Other services 其他服務	1. Client's HKID card/valid identity document 顧客本人的香港身份證/有效身份證明文件
	2. Follow-up card for relevant service 該項服務的覆診卡

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I have read and understood the above notes (please tick the box on the left).  
我已閱讀並明白以上條例(請於方格內劃上「✓」號)。

**Name of Applicant :\*** Mr / Ms

申請人姓名 \* 先生 / 女士 \_\_\_\_\_

**Identity Document No. :**

身份證明文件號碼 \_\_\_\_\_

**Telephone No. (Daytime) :**

日間聯絡電話 \_\_\_\_\_

**Correspondence Address :**

通訊地址 \_\_\_\_\_

**Applicant's Signature :**

申請人簽署 \_\_\_\_\_

**Date :**

日期 \_\_\_\_\_

## Part D

丁部

**If the record holder is a child, please fill in the followings:**

如記錄持有人為兒童，請填寫下列資料：

**Relationship with the data subject**

申請人與記錄持有人的關係

Parent  
父母

Lawful guardian  
法定監護人

## Data access under the Personal Data Privacy Ordinance

根據個人資料私隱條例要求查閱或更改資料

All requestors who make a data access request on behalf of a minor are requested to make the following declaration (except those who have provided documentary proof of his/her custody of the minor) :

以有關人士身份代表未成年人士提出查閱或更改資料的要求，需簽署以下聲明(已提供有關管養權文件的人士除外)：

Declaration 聲明

I declare that I have the custody of

本人聲明對

\_\_\_\_\_ 擁有管養權。

(Name of Child 兒童姓名)

Signature 簽署： \_\_\_\_\_

Name 姓名： \_\_\_\_\_

ID No. 身份證號碼： \_\_\_\_\_

Date 日期： \_\_\_\_\_

**For Staff Use 由職員填寫**

Original check

核對正本

Copy check

核對副本

Check by 核對人員： \_\_\_\_\_

Post 職級： \_\_\_\_\_

Date 日期： \_\_\_\_\_

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