



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

Application for Medical Report (Child)
申請索取健康狀況報告（兒童）

Particulars of Child 兒童資料:

Name of Child:

姓名

English 英文

Chinese 中文

Birth certificate /

Other Document no.:

出世紙/其他證件編號

Date of Birth:

出生日期

MCHC Record no.:

母嬰健康院記錄編號

Name of Centre:

健康院名稱

I would like to apply for a medical report (Child)

本人現申請索取健康狀況報告(兒童)

N.B.: If you are requesting a **medical report** issued by the visiting paediatrician from the Hospital Authority, **please approach the relevant hospital record office for application.** A separate charge will be levied by the Hospital Authority.

請注意：如同時申請由醫院管理局到訪健康院的兒科醫生所寫的**健康狀況報告**，請向**所屬醫院病歷檔案部**索取有關申請表格。醫院管理局將另收取行政費用。

Purpose(s) of Application:

申請記錄之用途

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For future medical purposes

日後醫療用途

☐

For insurance application

保險申請

☐

For insurance claim

保險索償

☐

For legal proceedings

法律申訴程序

☐

Others, please specify:

其他（請註明）

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

簽署申請表格前，請先閱讀以下條例：

1. All medical reports are written in English. Our department does not provide translation service. The format of medical report is decided by the doctor. Attached forms may not be applicable.

健康狀況報告以英文簽發，本部門並無翻譯服務。健康狀況報告的形式由負責撰寫醫生決定，附來表格未必適合填寫。

2. If the child is under 18 years old, the applicant must either be the parent or the legal guardian of the child. When the child has reached 18 years old or above, the application can be filed by himself/herself.

當兒童未滿十八歲，申請人必須是兒童的父、母或法定監護人。到十八歲及以後，該人士可自行提出申請。

3. The applicant needs to produce the following documents when applying for access to personal data:
- your HKID card (either original or photocopy)
 - the child's birth certificate (either original or photocopy) if the child is under 18 years old
 - documentary evidence showing your relationship with the child if you are the legal guardian or a parent of the child whose name is not shown on the child's birth certificate

申請人須提供以下之文件：

- 申請人的身份證（正本或副本）
- 有關兒童之出世紙（正本或副本）（適用於 18 歲以下兒童）
- 若申請人是兒童的法定監護人或是父／母而姓名並沒有顯示於兒童的出生證明書上，請出示能證明申請人與兒童關係的證明文件

4. Hong Kong dollar 800 will be levied for one medical report. A crossed cheque / cashier order shall be made payable to either "The Government of the Hong Kong Special Administrative Region" or "The Government of the HKSAR". Please write down your name, identity document number and daytime contact telephone number on the back of the cheque/cashier order. Cash should not be sent by post.

每份健康狀況報告之收費為港幣八百元。支票／銀行本票請寫明支付「香港特別行政區政府」並加劃線。並在支票／銀行本票背面寫上你的姓名，身分證明文件號碼及日間聯絡電話號碼。請勿郵寄現款。

5. 1) The duly completed application form, cheque / cashier order and the relevant documents as listed in clause no. 3 ;
or

2) For e-form applicants, cheque / cashier order and the relevant documents as listed in clause no.3 can be returned by mail or in person to the Maternal and Child Health Centre concerned or the Family Health Service (General Registry, Head Office, Room 1308, 13/F, Guardian House, 32 Oi Kwan Road, Wanchai, Hong Kong). Please state "Application for Medical Report" on the envelope. For the addresses of Maternal and Child Health Centres, please visit our website at www.fhs.gov.hk.

5. 1) 請填妥申請表格，並連同支票/銀行本票和第3點所提及之文件；或
2) 如透過電子表格遞交申請，只須將支票/銀行本票和第3點所提及之文件，
以郵寄或親身遞交方式，交回所屬的母嬰健康院或香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室家庭健康服務總部辦理，信封面請註明「申請健康狀況報告」。有關母嬰健康院的地址，請瀏覽本署網頁 www.fhs.gov.hk。
6. 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，我們可能無法進一步處理你的申請。
7. The information you provide will be used for processing your application for access to personal data. It may also be disclosed to other Government departments or agencies for the same purpose.
你所提供的資料，將用於處理有關你申請索取個人資料的事宜上。你所提供的資料亦可能會被送交其他政府部門或有關機構，作同樣用途。
8. If the applicant requests disclosure of personal data to a third party (e.g. insurance company, legal adviser, etc.), please provide the appropriate consent forms. For child under 18 years old, Parent / Legal Guardian Consent Form (Disclosure of Personal Data to 3rd Party) (FHS 121); otherwise, Client Consent Form (Disclosure of Personal Data to 3rd Party) (FHS 122).
如申請人須向第三者（例如保險公司、法律顧問等）披露個人資料，請填妥及提交適當的同意書。如兒童未滿 18 歲，家長／監護人同意書（向第三者披露個人資料）(FHS 121)；其他，顧客同意書（向第三者披露個人資料）(FHS 122)。
9. You will be notified when the document is ready for collection. You may collect the document in person or authorise a representative to collect it on your behalf (on production of Authorisation for collection of copy of health record / medical report (FHS 123) and proof of the individual's identity e.g. Hong Kong identity card). If the document is not collected **within 3 months** after the notification, the document will be destroyed without further notice and no refund would be made.
收到本院通知後，申請人必須於**三個月內**親自或授權他人（代取人須出示領取健康記錄（副本）／健康報告授權書 (FHS 123) 及其身份證明文件，例如香港身份證）領取所申請的文件，否則文件將被消毀而所收款項亦不會退回。
10. Please make a copy of this application form for your personal keeping if necessary.
如有需要，請自行影印此申請表格，以作保管。

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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）。

Signature of applicant:

申請人簽署

Name of applicant:

申請人姓名

HKID/Travel Document no.:

香港身份證/旅遊證件號碼

Relationship to child:

與兒童關係

Address:

地址

Contact telephone number:

聯絡電話

Date:

日期

To be completed by staff:

職員填寫

Date of application received:	Name & Signature:
Date of notification:	Name & Signature:
Date of *completion / withdrawal:	Name & Signature:

用途聲明

收集資料的目的

1. 當衛生署向病人及顧客提供服務及進行其他有關活動時，由病人或顧客所提供的個人資料，會由衛生署作以下用途：
 - 一. 資格證明；
 - 二. 提供服務包括但不限於臨床診症、診症預約安排及通知約期和顧客關係事宜；
 - 三. 測試結果／化驗／檢驗／治療的紀錄，以繼續提供護理，或供其他醫療專業人員參考；
 - 四. 同意進行特定治療／測試；
 - 五. 開支會計；
 - 六. 流行病學監測及調查傳染病爆發；
 - 七. 為公共衛生目的，就結核病或其他須予報告／呈報的疾病，作出呈報；
 - 八. 追蹤不依期覆診者、以便跟進／治療；
 - 九. 評估是否需要社會援助；
 - 十. 在法律程序中作為參考；
 - 十一. 登記／管理的紀錄
 - 十二. 製備統計數字、進行研究或教學用；
 - 十三. 服務／人力發展與策劃；
 - 十四. 利便組織有關健康教育及社區聯絡的活動；及
 - 十五. 到訪／查詢／投訴的記錄。

個人資料的提供，出於自願。如果你不提供充份的資料、我們可能無法證明你是否符合資格獲得某項服務或活動，因而不能為你提供服務／協助；又或我們即使仍然提供該項服務或協助，你亦須按不符合資格人士須繳的收費率（通常較高）繳費。

接受轉介人的類別

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需時因以上所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下，才向有關方面披露。

查閱個人資料

3. 根據《個人資料(私隱)條例》第 18 條及 22 條以及附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第 1 段所述的情況下所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

查詢

4. 有關所提供個人資料（包括查閱及修正資料）的查詢，請向下列人士／單位提出：
 - 一. 所屬健康院的顧客關係主任；或
 - 二. 衛生署家庭健康服務
地址：香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室

STATEMENT OF PURPOSES

Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:-
 - a) Proof of eligibility;
 - b) Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters;
 - c) Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
 - d) Consent for particular treatments / tests;
 - e) Accounting of expenses;
 - f) Epidemiological surveillance and suspected outbreak investigation;
 - g) For notification of tuberculosis or other diseases reportable / notifiable for public health purposes;
 - h) Tracing defaulters for follow up / treatment;
 - i) Assessment for social assistance;
 - j) For reference in legal proceedings;
 - k) Record of enrolment / management;
 - l) For preparing statistics, carrying out research or teaching purpose;
 - m) For services / manpower development and planning;
 - n) To facilitate organisation of activities related to health education and community liaison; and
 - o) Record of visits / enquiries / complaints.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-person (usually higher) rate.

Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government bureaux / departments or relevant parties for the purposes mentioned above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:
 - a) The Client Relations Officer of respective centre; or
 - b) Family Health Service, Department of Health
Rm 1308, 13th Floor, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong