



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

**Application for Copy of Child Health Record
申請索取兒童健康記錄副本**

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 copy of child health record
本人現申請索取兒童健康記錄副本

All (Including Immunisation Record)
全部 (包括免疫接種記錄)

Part (Period: From _____ to _____)
部分 (期間: 由 _____ 至 _____)

N.B.: If you are requesting a copy of record written by the visiting paediatrician from the Hospital Authority (if applicable), 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記錄副本(如適用), 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

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 health records are written in English. Our department does not provide translation service.

健康記錄副本以英文簽發，本部門並無翻譯服務。

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. 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。

5. A charge reflecting the cost of photocopying the record will be levied. **You will be advised in advance the cost of photocopying the record and the payment methods.**

本部門會按照影印記錄所需的成本收取費用。你會被預先通知所需繳付的影印記錄費用及付款方法。

6. 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。

7. 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)。

8. The duly completed application form and the relevant documents can be returned by mail or in person to the Maternal and Child Health Centre that you are attending 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 copy of child health record” on the envelope. For the addresses of Maternal and Child Health Centres, you may visit our website at www.fhs.gov.hk.

請填妥申請表格，並連同有關文件正本或副本，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，信封面註明「申請兒童健康記錄副本」。有關母嬰健康院的地址，你可以瀏覽本署的網頁www.fhs.gov.hk。

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。

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: