



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

**Authorisation for collection of
copy of health record / copy of investigation report / medical report**
領取健康記錄（副本）／化驗報告（副本）／健康報告授權書

Please read the following notes carefully before completing this form:
填寫本表格前，請詳閱下列說明：

1. The copy of health record / copy of investigation report / medical report issued by doctor contains your or your child's personal information. Please select your representative carefully, e.g. a close relative.
因健康記錄（副本）／化驗報告（副本）／醫生撰寫的健康報告包含你或你子女的個人資料，故請小心選擇代取人，例如近親。
2. The signature of the authorisation must be identical to the signature on the application form.
授權書和申請書上的簽署式樣必須相同。
3. The authorised person must be aged 18 or above, sign the acknowledgement of receipt and produce the following upon collection of the document applied:
代取人須年滿十八歲，並須於領取所申請的文件時填寫確認簽收書及出示以下證件：
 - his/her valid proof of identity e.g. Hong Kong identity card, passport or Hong Kong Re-entry Permit.
其有效的身份證明文件，例如香港身份證、護照、回港證。
 - copy of valid proof of identity of the applicant.
申請人的身份證明文件副本。

Authorisation 授權書

I, (applicant) _____, hereby authorize * Mr / Ms _____

本人（申請人）_____，現授權 _____ * 先生／女士，

holder of * HK identity card/passport/re-entry permit/others (pls specify) _____ No. _____

* 香港身份證／護照／回港證／其他（請註明）_____號碼_____持有人，

to collect * my / my child's / my ward's (name of child / ward) _____

代本人領取 * 本人／本人子女／受監護孩子（孩子姓名）_____的

* copy of health record / copy of investigation report / medical report issued by doctor on my behalf.

* 健康記錄（副本）／化驗報告（副本）／醫生撰寫的健康狀況報告。

*Please circle as appropriate *請 圈適用者

Signature of applicant 申請人簽署： _____

Name of applicant 申請人姓名： _____

(Please write in block letters 請用正楷填寫)

Date 日期： _____