



**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** (請在適當欄位加「✓」，並可選多過一項)

<b>Health Record 健康記錄</b> (Note 1 附註 1)	<b>Record No. 記錄號碼</b>	<b>Service requested : 所需服務 :</b>
<b>Child Health 兒童健康</b> (including Parents' information in the record) (包括於記錄內的父母資料)		<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 _____ <b>MCHC</b> 轉送記錄至 _____ 母嬰健康院
<b>Antenatal 產前檢查</b>		<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 _____ <b>MCHC</b> 轉送記錄至 _____ 母嬰健康院
<b>Postnatal 產後檢查</b>		<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 _____ <b>MCHC</b> 轉送記錄至 _____ 母嬰健康院
<b>Family Planning 家庭計劃</b>		<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 _____ <b>MCHC</b> 轉送記錄至 _____ 母嬰健康院
<b>Woman Health 婦女健康</b>		<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 _____ <b>MCHC/WHC</b> 轉送記錄至 _____ 母嬰健康院/婦女健康中心
<b>Cervical Screening 子宮頸檢查</b> (Note 2 附註 2)		<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 _____ <b>MCHC/WHC</b> 轉送記錄至 _____ 母嬰健康院/婦女健康中心

Note 1: This includes health record provided by visiting specialist teams from Hospital Authority in Maternal and Child Health Centre. If you would like to have other arrangement, please contact medical or nursing staff of our centres.

附註 1：包括在母嬰健康院接受醫院管理局專科服務的相關記錄。如你想作其他安排，請聯絡母嬰健康院的醫護人員。

Note 2: If you would like to update or transfer the health record for Cervical Screening Service, please also fill in the Cervical Screening Information System (CSIS) Information Update Form. The form can be downloaded at the following website:

[http://www.cervicalscreening.gov.hk/common\\_files/resource/english/files/Information\\_Update\\_Form-Eng.pdf](http://www.cervicalscreening.gov.hk/common_files/resource/english/files/Information_Update_Form-Eng.pdf)

Please send the completed form to Cervical Screening Programme by mail according to the address on the form.

附註 2：如申請更改子宮頸檢查服務的個人資料，或轉送子宮頸檢查服務的健康記錄，你亦須填寫子宮頸普查資訊系統資料更新表格。表格可於以下網址下載：

[http://www.cervicalscreening.gov.hk/common\\_files/resource/tc\\_chi/files/Information\\_Update\\_Form-T.Chi.pdf](http://www.cervicalscreening.gov.hk/common_files/resource/tc_chi/files/Information_Update_Form-T.Chi.pdf)

請將已填妥之「子宮頸普查計劃」表格寄往表格上所示的地址。

## 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. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
出世紙 / 香港身分證 / 旅遊證件號碼 \_\_\_\_\_ 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

- 1 Identity Document No. : \_\_\_\_\_  
身分證明文件號碼 \_\_\_\_\_
- 2 Name : \_\_\_\_\_  
姓名 \_\_\_\_\_
- 3 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)】

- 4 Correspondence Address in HK: \_\_\_\_\_  
香港通訊地址 \_\_\_\_\_
- 5 Residential Address: \_\_\_\_\_  
住址 \_\_\_\_\_  
*(如與通訊地址相同，不用填寫)*  
*(Please leave blank if it is the same as correspondence address)*
- 6 Telephone No. : \_\_\_\_\_  
電話號碼 \_\_\_\_\_
- 7 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，請盡快通知所屬母嬰健康院 / 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
  - Immunisation record / relevant follow-up cards (either original or photocopy)
  - Valid documents for updating data in Part C items 1-3 (either original or photocopy)
- 申請人須提供以下之文件：
- 申請人的身分證(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 provided are mainly used for processing 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交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 relevant MCHC / WHC. For the address, 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、傳真或親身交回有關的母嬰健康院/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. It takes about 2 weeks to process an application for transfer of Health Record (from the day the application form is received). Appointments fall within the processing period may be affected. Applicant can rearrange the appointments with the concerned MCHC/WHC if needed. Upon successful transfer of Health Record, staff of the new MCHC/WHC will either call or send a notification to inform the applicant. If you have not received any notification of successful transfer 1 month after your application, please contact your original centre.  
 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)。在這時段內的約期可能會受影響。如有需要，申請人可聯絡有關母嬰健康院/婦女健康中心再作安排。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。若申請人於遞交申請表格一個月後仍未收到職員通知，請與所屬母嬰健康院/婦女健康中心職員聯絡。
9. Upon successful transfer of Health Record, you should bring the following documents 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 父母親的身分證(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 顧客本人的香港身分證/有效身分證明文件
	2. Follow-up card for relevant service 該項服務的覆診卡

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 in HK:

香港通訊地址 \_\_\_\_\_  
\_\_\_\_\_

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 child

申請人與記錄持有人的關係

Parent

父母

Legal 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. 身分證號碼： \_\_\_\_\_

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： \_\_\_\_\_