FAMILY HEALTH SERVICE
DEPARTMENT OF HEALTH

衞生署家庭健康服務

Application for Medical Report (Adult)
申請索取健康狀況報告 (成人)

Particulars of Applicant 申請人資料:

Name of Applicant:
姓名

_____ English 英 文

_____ Chinese 中 文

Hong Kong ID/
Travel Document no.:
身份證/旅遊證件號碼

_____

Name of Centre:
健康院/婦女健康中心名稱

_____

Please indicate the type of service provided and the period of consultation covered which you would like to obtain a medical report issued by a doctor (you may tick more than 1 category).

請註明索取醫生撰寫健康狀況報告之服務類別及接受服務日期 / 時段(可「✓」多過一項)。

Important Notice: Application will not be processed if type of service(s) required for medical report is not indicated.
請注意，如未能清楚註明所需醫療報告副本之服務類別，申請將不會受理。

☐ Antenatal Service 產前服務 — No.: 編號 _____ — Period: From 期間：由 _____ to 至 _____

☐ Postnatal Service 產後服務 — No.: 編號 _____ — Period: From 期間：由 _____ to 至 _____

☐ Family Planning Service 家庭計劃服務 — No.: 編號 _____ — Period: From 期間：由 _____ to 至 _____

☐ Woman Health Service 婦女健康服務 — No.: 編號 _____ — Period: From 期間：由 _____ to 至 _____

☐ Cervical Screening Record 子宮頸普查服務 — No.: 編號 _____ — Period: From 期間：由 _____ to 至 _____

☐ Psychosocial Assessment Record [Note 1]
心理社會評估記錄 [註解 1]

Period: From to
期間：由 _____ 至 _____

☐ Others, please specify: _____
其他，請註明:

[Note 1] Psychosocial assessment refers to the assessment of the woman's mental health condition (eg. mood problem) and social service needs conducted when the woman attends any of the above service or when she attends Child Health Service with her child in Maternal and Child Health Centre..

[註解 1] 心理社會評估包括為婦女評估她的精神健康狀況(例如情緒問題)及社會服務的需要。此評估可於婦女本人到母嬰健康院接受上列各項服務或當她與子女接受兒童健康服務時進行。

N.B.: If you are requesting a **medical report** issued by the visiting pediatrician/ psychiatrist from the Hospital Authority, **please approach the relevant hospital record office for the 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/ 精神科專科醫生所寫的**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

☐ 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) _____

Method for Collection (Choose one only):

領取方法 (只可選一項)：

☐ Collect at Family Health Service Head Office, Room 1308, 13/F, Guardian House, 32 Oi Kwan Road, Wanchai, Hong Kong
親身到香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室家庭健康服務總部領取

☐ Receive by registered post (Please provide Hong Kong postage address and email address to receive the Medical Report and the General Demand Note respectively)
以掛號郵寄方式收取 (請提供香港郵寄地址以收取健康狀況報告，及電郵地址以收取一般繳款單)

Hong Kong Postage Address
香港郵寄地址

_____

Email Address
電郵地址

_____

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. We do not provide report translation service. The format of medical report is decided by the doctor. Forms attached to the application may not be applicable.
健康狀況報告以英文簽發，我們並沒有報告翻譯服務。健康狀況報告的形式由負責撰寫醫生決定，連申請夾附表格未必適合填寫。

Application Method:
申請方法：

2. (a) Submit the online application form by using MyGovHK (Digital Signature by iAM Smart or e-Cert (personal) is required for online submission); or
透過政府一站通提交有關申請 (網上申請需使用「智方便」或電子證書(個人)作數碼簽署) ；或

(b) Submit the completed application form and the required documents by mail or in person to the Maternal and Child Health Centre [Note 2] 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 Medical Report" on the envelope. For the addresses of Maternal and Child Health Centres / Woman Health Centres, please visit our website at www.fhs.gov.hk.
以郵寄或親身遞交方式，把已填妥的申請表及所需文件交回所屬的母嬰健康院 [註解 2] 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。

[Note 2] Applicant of Woman Health Centre should submit to the specific Maternal and Child Health Centres: Chai Wan Maternal and Child Health Centre (Chai Wan Woman Health Centre), Lam Tin Maternal and Child Health Centre (Lam Tin Woman Health Centre), or Yan Oi Maternal and Child Health Centre (Tuen Mun Woman Health Centre).
[註解 2] 婦女健康中心的申請人，請交回至以下母嬰健康院：柴灣母嬰健康院(柴灣婦女健康中心)、藍田母嬰健康院(藍田婦女健康中心)或仁愛母嬰健康院(屯門婦女健康中心)。

Required Documents:
所需文件：

3. The applicant needs to produce the following documents when applying for a medical report issued by a doctor:
   - your HKID card (either original or photocopy)

   如申請醫生撰寫的健康狀況報告，申請人須提供以下之文件：
   - 申請人的身份證（正本或副本）

Fee and Payment Method:
費用及付款方法：

4. Hong Kong dollar 1100 will be levied for one medical report. You can pay using the following methods: (a) 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" and be submitted by mail or in person at the time of making an application. 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; or (b) A General Demand Note will be emailed to applicants who choose to receive the medical report by registered post. For the payment methods available for settlement of General Demand Notes, please visit this website: https://www.try.gov.hk/internet/ehcoll_gendenenquiry.html

   每份健康狀況報告之收費為港幣一千一百元。申請人可以透過以下方式繳費：
   (a) 支票／銀行本票請寫明支付「香港特別行政區政府」並加劃線，並於作出申請時一併以郵寄或親身遞交。請在支票／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；或
   (b) 一般繳款單會以電郵發送至選擇以掛號郵寄方式收取健康狀況報告的申請人。有關一般繳款單的付款方法，請瀏覽以下網頁:
   https://www.try.gov.hk/cinternet/chcoll_gendenenquiry.html

Other Points to Note:
其他注意事項：

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，我們可能無法進一步處理你的申請。

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 fill in the 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，請填妥顧客同意書（向第三者披露個人資料）(FHS 122)。

8. You will be notified when the document is ready for collection. You may collect the document by either of the following ways:

(1) 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;
(2) For receipt by registered post, the document will be posted to the provided Hong Kong postage address.

收到本院通知後，申請人必須於**三個月內**透過以下方式領取：
(1) 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；
(2) 如選擇以掛號郵寄方式收取，健康狀況報告將會郵寄至以上所提供之香港郵寄地址。

9. 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 _____

Contact telephone number:
聯絡電話 _____

Email:
電郵 _____

Address:
地址 _____

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:

目的聲明

家庭健康服務

收集資料的目的

1. 衞生署向病人及服務使用者提供服務和進行其他有關活動時，病人或服務使用者會提供個人資料。衞生署會使用這些個人資料作以下用途：

a) 資格證明；
b) 提供服務，包括但不限於臨牀診症、診症預約及通知約期，以及顧客關係事宜；
c) 測試結果／化驗／檢驗／治療的記錄，以繼續提供護理，或供其他醫療專業人員參考；
d) 同意進行特定治療／測試；
e) 開支會計；
f) 進行流行病學監測及調查疑似傳染病爆發個案；
g) 為公共衞生目的，就結核病或其他須予報告／呈報的疾病，作出呈報；
h) 追踪不依期覆診者，以便跟進／治療；
i) 評估是否需要社會援助；
j) 在法律程序中作為參考；
k) 登記／管理的記錄；
l) 供製備統計數字、進行研究或教學用途；
m) 服務／人力發展與策劃；
n) 利便籌辦與健康教育及社區聯絡有關的活動；以及
o) 到訪／查詢／投訴的記錄。

提供個人資料，純屬自願。如你未能提供足夠資料，我們可能無法證明你符合資格享用某項服務或參加某些活動，因而不能為你提供服務／協助；又或即使仍可提供服務或協助，你也須按非符合資格人士的收費率(通常較高)繳費。

資料承轉人類別

2. 你所提供的個人資料，主要供本署內部使用，但如有需要，也可能為上文第 1 段所述目的，向其他政府決策局／部門、醫院管理局或有關各方披露。此外，只有在你同意作出該項披露或該項披露是《個

人資料(私隱)條例》所允許的情況下，本署才會向有關方面披露有關資料。

查閱個人資料

3. 根據《個人資料(私隱)條例》第 18 及第 22 條，以及附表 1 第 6 原則的規定，你有權查閱和改正你的個人資料。你的查閱權包括有權索取你在上文第 1 段所述情況下所提供個人資料的複本一份。為依從查閱資料要求，可能會徵收費用。

查詢

4. 有關所提供個人資料的查詢(包括查閱和改正資料)，應送交：

a) 所屬母嬰健康院的顧客關係主任；或
b) 衞生署家庭健康服務
地址：香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室

STATEMENT OF PURPOSES

Family Health Service

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-entitled 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, the Hospital Authority or relevant parties for the purposes mentioned in paragraph 1 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 provided by you during the occasions as mentioned in paragraph 1 above. 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