



Department of Health Child Assessment Service
衛生署兒童體能智力測驗服務

Medical Report/ Certificate Request Form
醫療報告／證明申請表格

Notes for Application

申請須知

1. This Service will normally keep out-patient records till the child reaches 21 years of age.
本服務一般保留兒童評估記錄至兒童年滿 21 歲。
2. All medical reports/ certificates are written in English. Translation service will not be provided. The format of medical report/ certificate is decided by the Department of Health.
所有醫療報告／證明均以英文簽發，部門不會提供翻譯服務。醫療報告／證明的形式由衛生署決定。
3. The fee for each application is HK\$800. Payment must be made at the time when the medical report is requested.
每份醫療報告／證明申請費用為港幣八百元正。此收費須在申請醫療報告時一併支付。
4. Application for medical reports/ certificates should be made on the prescribed request form (as attached) and the duly signed originals should be submitted. All relevant supporting documents of the applicant and concerned parties should be presented for verification of identity and record. These supporting documents include: (i) Identity Card, and (ii) Child's Birth Certificate or Legal Custody Paper.
申請醫療報告／證明應按規定表格（見附頁）提出，並應提交真跡簽署的申請表格。申請人必須附上以下文件，以資核實身份及記錄，包括：(i) 申請人身分證明文件，及 (ii) 兒童出生證明書或管養權證明書。
5. The Applicant should -
 - (a) complete the request form and submit it in person together with the above documents to the relevant Child Assessment Centre (https://www.dhcas.gov.hk/en/center_info.html); or
 - (b) provide the original of the duly completed and signed request form, crossed cheque and true copy of the above documents to the relevant Child Assessment Centre by mail.申請人必須 -
 - (a) 在申請表格內清楚列明所有有關資料，親臨所屬的兒童體能智力測驗中心 (https://www.dhcas.gov.hk/tc/center_info.html) 及出示以上文件正本辦理有關手續；或
 - (b) 一併郵寄填妥的申請表格真跡簽署本、劃線支票及以上文件的真確副本給所屬的兒童體能智力測驗中心辦理申請。
6. Payment by cheque should be crossed and made payable to "The Government of HKSAR". Please write down your name and daytime Hong Kong contact telephone number on the back of the cheque. Postdated cheque is not accepted. If you wish to pay by cash, please submit it to the Shroff at the Child Assessment Centre concerned. Cash should NOT be sent by post.
支票付款者，請用劃線形式，收款人為「香港特別行政區政府」，並在支票背面寫上閣下的姓名及日間本地聯絡電話號碼，期票恕不接受。如閣下以現金方式繳款，請往所屬的兒童體能智力測驗中心繳交款項。**請勿**郵寄現金。
7. If the Applicant is not the Child's Parent / Guardian, he / she should obtain written consent from the Parent / Guardian for application for medical report/ certificate.
申請人如非兒童家長或監護人，必須取得兒童家長或監護人的書面同意書或授權書，以申請醫療報告／證明。
8. Insufficient or inaccurate information will result in delay or rejection in processing the application. Under no circumstances will application be processed without the consent from the Child or Child's Next of Kin and full payment of the application fee.
若所填資料不足或錯誤，申請將受延誤或被拒絕。如未獲得兒童或其至親之同意書，及未繳交申請費用，有關申請將不獲處理。

9. In general, requests for medical report would be processed within 6 to 8 weeks upon receipt of the duly completed Medical Report/ Certificate Request Form, including the supporting documents for verification of identity together with the \$800 application fee. Application made by cheque payment will not be processed until the Centre confirms to have cleared the cheque, so it will take longer than 8 weeks to complete it.
 在一般情況下，兒童體能智力測驗服務會在收到已填妥的醫療報告申請表格，包括用於驗證身份的證明文件，以及港幣八百元正申請費用的 6 至 8 星期內，完成處理有關申請要求。以支票付款的申請，將在本服務確認已結清支票後才會處理，因此需時超過 8 個星期才能完成。
10. No refund of the application fee will be made even if the application is withdrawn before the medical report/ certificate is issued.
 申請人即使在醫療報告／證明發出前撤銷申請，所有已繳付之手續費用，概不發還。
11. The medical report/ certificate will **not** be sent to the applicant by local or international mail. The applicant will be notified when the medical report/certificate is ready for collection. The applicant may collect the medical report/certificate in person or authorize a bearer to collect. If the medical report is not collected within 3 months after notification, the medical report will be destroyed without further notice and no refund of charge paid will be made.
 本服務不會透過本地或國際郵件郵寄醫療報告／證明予申請人。本服務完成醫療報告／證明，會通知申請人前來領取。申請人亦可授權他人前來領取。申請人收到服務通知後，必須於三個月內領取所申請的醫療報告／證明，否則有關的醫療報告／證明將被銷毀而所收款項亦不會退回。
12. If the medical report/ certificate is to be collected by a limited company, (e.g. insurance company, law firm, etc.), the applicant will be contacted by phone to ascertain/ verify the identity of the person upon his/ her collection of the medical report/ certificate.
 如果此醫療報告／證明的接收人為有限公司（例如保險公司、律師樓等），當接收人委派人員領取文件時，兒童體能智力測驗服務將致電聯絡申請人，以確認／核實身份。
13. We may consider processing your application for report free of charge if –
 (i) The request for the medical report/ certificate is initiated by a respective professional who is supporting the school in Hong Kong (e.g. educational psychologist, speech therapist, etc.) with an aim to plan and arrange for appropriate education and support for the child at school; **and**
 (ii) The school is a government or government-aided school.
 In these circumstances, the request for the report should be submitted to us in writing by the respective professional of the school, with parent's signed consent form. Upon completion, the report will be sent directly to the requesting professional at the child's school.
 在下列情況下，本服務可考慮為閣下處理有關申請而毋須收取申請費用：
 (i) 申請醫療報告／證明的要求是由兒童在香港所就讀的學校提出，目的為兒童在校內計劃及安排合適的教育支援服務；**及**
 (ii) 兒童正就讀官立或政府資助學校。
 如符合上述兩項要求，兒童所就讀學校的專業人員（如：教育心理學家，言語治療師等）可連同家長簽署的同意書，直接向本服務轄下中心提出索取醫療報告／證明書面的申請。本服務將於完成處理有關要求後，直接將醫療報告／證明送交學校的專業人員以供參考。
14. The personal data provided are used for processing the application and record management.
 申請時所提供的個人資料，衛生署將用作處理相關的申請及管理紀錄用途。
15. For application submitted by post, please do NOT submit the original identity document.
 如以郵寄方式遞交申請，**請勿**提交身分證明文件正本。
16. Underpaid mail items are subject to surcharge by Hongkong Post. This department will not accept underpaid mail items, which will be returned to the sender (with return address) or disposed of (without return address) by Hongkong Post. For proper delivery of your mail items to the Service, and to avoid unnecessary delivery delay or unsuccessful delivery, please ensure that your mail items bear sufficient postage with return address before posting. [Please note the latest details about postage rates by Hongkong Post]
 若郵件郵資不足，香港郵政會收取欠資及相關費用。本服務不會接收郵資不足的郵件，有關郵件將由香港郵政退回寄件人(有回郵地址)或予以銷毀(沒有回郵地址)。為確保郵件能妥善送達本服務，並免卻不必要的派遞延誤或失誤，請切記投寄郵件前支付足額郵資及註明回郵地址。[請參閱香港郵政有關郵費的最新詳情]

Please tick (✓) against the appropriate box 請於適當方格內加「✓」
 Delete whichever is inappropriate 請刪去不適用者

1. Particulars of Child 兒童資料

[** Please produce the original or photocopy the Child's identity document for record and verification of identity.
請帶備兒童的身份證明文件(正本或副本)以作記錄及查考。]

- (a) Name: _____ (English) _____ (Chinese)
姓名 Surname 姓氏 First Name 名字 (英文) (中文姓名)
- (b) Sex: Male Female Age: _____ Date of Birth: _____
性別 男 女 年齡 出生日期
- (c) Type of Identity Document and Number: _____
身份證明文件及號碼
- (d) Child Assessment Centre Number: _____
兒童體能智力測驗服務中心編號
- (e) Residential Address 住址: _____

- (f) Daytime Hong Kong Telephone No. 日間本地聯絡電話號碼 (+852): _____
- (g) Other Hong Kong Contact No.(s) : _____ (h) Email Address : _____
其他本地聯絡電話號碼 電郵地址

2. Information Requested 索取資料

- (a) Type of information required (please indicate if completion of an insurance medical form is required):
資料性質(如需填寫保險公司醫療表格，請在此說明)

- (b) Purpose of Medical Report/ Certificate:
醫療報告之用途
- (i) General purpose(s) 作為一般目的之用:
- Medical report/ certificate of general nature for future training and rehabilitation purposes
一般性質的醫療報告以供日後訓練及康復用途
- Medical report/ certificate of general nature for other purposes, please specify _____
一般性質的醫療報告作其他用途，請註明_____
- A supplementary medical report/ certificate
解釋或跟進一個已發出的醫療報告／證明
[** Please attach a copy of the previous medical report/ certificate, if available, for ease of reference.
如有以前的醫療報告／證明，請附上副本以作參考。]
Please specify items to be included in this supplementary medical report/ certificate _____
請註明此跟進醫療報告／證明所應包括之事項: _____

Please tick (✓) against the appropriate box 請於適當方格內加「✓」
Delete whichever is inappropriate 請刪去不適用者

(ii) For specific purpose(s) 作為指定用途

insurance claim 申索保險賠償

legal proceedings 法律申訴程序

3. **Particulars of Applicant 申請人資料** (To be completed by a living individual who is over or 18 years of age 須由年滿十八歲的在生人士填寫)

[** Applicant is required to produce the original of identity document when submitting this form.

在提交表格時，請出示申請人的身份證明文件正本。]

(a) Name: _____ (b) Type of Identity Document and Number: _____
姓名 身份證明文件及號碼

(c) Residential Address (if different from 1(e) above): _____
住址 (如與以上 1(e)項不同)

(d) Hong Kong Telephone Number: _____ (e) Email Address : _____
香港電話號碼 電郵地址

(f) Signature of Applicant : _____
申請人簽署

(g) Relationship with the Child in 1(a) above: _____ (h) Date 日期: _____
與以上 1(a)項兒童關係

4. **Consent from Child's Parent/ Guardian 兒童父母/監護人同意書**

[** Please complete this part and provide a true copy of Hong Kong identity card (HKID)/ travel document of the child's parent/ guardian if the Applicant is not the child's parent/ guardian. If the Applicant is the child's parent/ guardian, completion of this part is not required.

倘若申請人不是兒童父母/監護人，請填寫此部分，並提供兒童父母/監護人的香港身份證/旅行證件的真確副本。如果申請人本人是兒童父母/監護人，則無須填寫此部分。]

I consent to have the Child's medical report/ certificate disclosed to the Applicant.

本人同意將兒童之醫療報告/證明發放給申請人。

(a) Name: _____ (b) HKID Card / Travel Document No.: _____
姓名 香港身份證號碼/旅遊證件號碼

(c) Hong Kong Telephone No.: _____ (d) Email Address : _____
香港電話號碼 電郵地址

(e) Residential Address (if different from 1(e) above): _____
住址 (如與以上 1(e)項不同)

(f) Relationship with the Child in 1(a) above: _____
與兒童關係

(g) Signature of the Child's parent/guardian: _____ Date: _____
兒童父母/監護人簽署 日期

Please tick (✓) against the appropriate box 請於適當方格內加「✓」
Delete whichever is inappropriate 請刪去不適用者

5. Particulars of Recipient of Medical Report/ Certificate 醫療報告/證明接收者資料

[** Please complete this part if the recipient is a limited company, e.g. insurance company, law firm, etc.; if the recipient is the Applicant, completion of this part is not required.
倘若接收者為有限公司，例如保險公司、律師樓等，請填寫此部分；如接收者為申請人，則無須填寫此部分。]

(a) Name of Company: _____ (b) Hong Kong Telephone No.: _____
公司名稱 香港電話號碼

(c) Company Address 公司地址: _____

6. Particulars of Collector of Medical Report/ Certificate 醫療報告/證明領取者資料

[** If the collector is the Applicant, completion of this part is not required.
如領取者為申請人，則無須填寫此部分。

The authorised person is required to produce his/ her valid proof of identity and copy of valid proof of identity of the Applicant upon collection of the medical report/ certificate.
代取人須於領取醫療報告/證明時出示其有效的身份證明文件及申請人的身份證明文件副本。]

I, _____ hereby authorise *Mr / Mrs / Ms / Miss _____,
holder of Hong Kong identity card / travel document number _____, whom can be
contacted on Hong Kong telephone number _____, to collect the medical report/ certificate of
_____ on my behalf.

本人 _____, 授權 _____ *先生/太太/女士/小姐, 即香港身份證/旅
遊/證件 _____ 號持有人, 其香港聯絡電話號碼為 _____, 代本人領取
_____ 的醫療報告/證明。

Name of Applicant: _____
申請人姓名

Signature of Applicant: _____
申請人簽署

Date 日期: _____

Official Use only:
此欄由辦理機關填寫:

Identity document of the collector of the medical report/ certificate verified
已核對醫療報告/證明之代領人的身份證明文件及申請人的身份證明文件副本

Please tick (✓) against the appropriate box 請於適當方格內加「✓」
Delete whichever is inappropriate 請刪去不適用者

7. Acknowledgement of Receipt of Medical Report/ Certificate 領取醫療報告／證明收據

I _____ hereby acknowledge receipt of the medical report/certificate
of _____ (Child Assessment Centre Number:
_____).

本人 _____ 茲收到 _____ (兒童體能智力測
驗服務中心號碼 _____) 之醫療報告／證明。

Name and Signature of Collector :
領取者姓名及簽署 _____

Type of Identity Document and Number :
身份證明文件及號碼 _____

Date :
日期 _____

Official Use only :
此欄由辦理機關填寫:

Name of Staff handling _____
職員姓名

Signature 簽署 _____

Please tick (✓) against the appropriate box 請於適當方格內加「✓」
Delete whichever is inappropriate 請刪去不適用者