



Department of Health Child Assessment Service
卫生署儿童体能智力测验服务

Medical Report/ Certificate Request Form
医疗报告 / 证明申请表格

Notes for Application

申请须知

1. This Service will normally keep out-patient records till the child reaches 21 years of age.
本服务一般保留儿童评估记录至儿童年满 21 岁。
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.
所有医疗报告 / 证明均以英文签发，部门不会提供翻译服务。医疗报告 / 证明的形式由卫生署决定。
3. The fee for each application is HK\$800. Payment must be made at the time when the medical report is requested.
每份医疗报告 / 证明申请费用为港币八百元正。此收费须在申请医疗报告时一并支付。
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.
申请医疗报告 / 证明应按规定表格（见附页）提出，并应提交真迹签署的申请表格。申请人必须附上以下文件，以资核实身份及记录，包括：(i) 申请人身分证明文件，及 (ii) 儿童出生证明书或管养权证明书。
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.申请人必须 -
 - (a) 在申请表格内清楚列明所有有关资料，亲临所属的儿童体能智力测验中心 (https://www.dhcas.gov.hk/tc/center_info.html) 及出示以上文件正本办理有关手续；或
 - (b) 一并邮寄填妥的申请表格真迹签署本、划线支票及以上文件的真确副本给所属的儿童体能智力测验中心办理申请。
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，请用划线形式，收款人为「香港特别行政区政府」，并在支票背面写上阁下的姓名及日间本地联络电话号码，期票恕不接受。如阁下以现金方式缴款，请往所属的儿童体能智力测验中心缴交款项。请勿邮寄现金。
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.
申请人如非儿童家长或监护人，必须取得儿童家长或监护人的书面同意书或授权书，以申请医疗报告 / 证明。
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.
若所填数据不足或错误，申请将受延误或被拒绝。如未获得儿童或其至亲之同意书，及未缴交申请费用，有关申请将不获处理。

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.
 在一般情况下，儿童体能智力测验服务会在收到已填妥的医疗报告申请表格，包括用于验证身份的证明文件，以及港币八百元正申请费用的6至8星期内，完成处理有关申请要求。以支票付款的申请，将在本服务确认已结清支票后才会处理，因此需时超过8个星期才能完成。
10. No refund of the application fee will be made even if the application is withdrawn before the medical report/ certificate is issued.
 申请人即使在医疗报告 / 证明发出前撤销申请，所有已缴付之手续费用，概不退还。
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.
 本服务不会透过本地或国际邮件邮寄医疗报告 / 证明予申请人。本服务完成医疗报告 / 证明，会通知申请人前来领取。申请人亦可授权他人前来领取。申请人收到服务通知后，必须于三个月内领取所申请的医疗报告 / 证明，否则有关的医疗报告 / 证明将被销毁而所收款项亦不会退回。
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.
 如果此医疗报告 / 证明的接收人为有限公司（例如保险公司、律师楼等），当接收人委派人员领取文件时，儿童体能智力测验服务将致电联络申请人，以确认 / 核实身份。
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.
 在下列情况下，本服务可考虑为阁下处理有关申请而毋须收取申请费用：
 (i) 申请医疗报告 / 证明的要求是由儿童在香港所就读的学校提出，目的为儿童在校内计划及安排合适的教育支持服务；**及**
 (ii) 儿童正就读官立或政府资助学校。
 如符合上述两项要求，儿童所就读学校的专业人员（如：教育心理学家，言语治疗师等）可连同家长签署的同意书，直接向本服务辖下中心提出索取医疗报告 / 证明书面的申请。本服务将于完成处理有关要求后，直接将医疗报告 / 证明送交学校的专业人员以供参考。
14. The personal data provided are used for processing the application and record management.
 申请时所提供的个人资料，卫生署将用作处理相关的申请及管理纪录用途。
15. For application submitted by post, please do NOT submit the original identity document.
 如以邮寄方式递交申请，**请勿**提交身分证明文件正本。
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]
 若邮件邮资不足，香港邮政会收取欠资及相关费用。本服务不会接收邮资不足的邮件，有关邮件将由香港邮政退回寄件人(有回邮地址)或予以销毁(没有回邮地址)。为确保邮件能妥善送达本服务，并免却不必要的派递延误或失误，请切记投寄邮件前支付足额邮资及注明回邮地址。[请参阅香港邮政有关邮费的最新详情]

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 儿童资料

[** Please produce the original or photocopy the Child's identity document for record and verification of identity. 请带备儿童的身份证明文件(正本或副本)以作记录及查考。]

- (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: _____
性别 男 女 年龄 出生日期
- (c) Type of Identity Document and Number: _____
身份证明文件及号码
- (d) Child Assessment Centre Number: _____
儿童体能智力测验服务中心编号
- (e) Residential Address 住址: _____

- (f) Daytime Hong Kong Telephone No. 日间本地联络电话号码 (+852): _____
- (g) Other Hong Kong Contact No.(s) : _____ (h) Email Address : _____
其他本地联络电话号码 电邮地址

2. Information Requested 索取资料

- (a) Type of information required (please indicate if completion of an insurance medical form is required):
数据性质(如需填写保险公司医疗表格, 请在此说明)

- (b) Purpose of Medical Report/ Certificate:
医疗报告之用途
 - (i) General purpose(s) 作为一般目的之用:
 - Medical report/ certificate of general nature for future training and rehabilitation purposes
一般性质的医疗报告以供日后训练及康服用途
 - Medical report/ certificate of general nature for other purposes, please specify _____
一般性质的医疗报告作其他用途, 请注明_____
 - A supplementary medical report/ certificate
解释或跟进一个已发出的医疗报告 / 证明
[** Please attach a copy of the previous medical report/ certificate, if available, for ease of reference.
如有以前的医疗报告 / 证明, 请附上副本以作参考。]
Please specify items to be included in this supplementary medical report/ certificate _____
请注明此跟进医疗报告 / 证明所应包括之事项: _____

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) 作为指定用途

insurance claim 申索保险赔偿

legal proceedings 法律申诉程序

3. **Particulars of Applicant 申请人数据** (To be completed by a living individual who is over or 18 years of age
须由年满十八岁的在生人士填写)

[** Applicant is required to produce the original of identity document when submitting this form.
在提交表格时, 请出示申请人的身份证明文件正本。]

(a) Name: _____ (b) Type of Identity Document and Number: _____
姓名 身份证明文件及号码

(c) Residential Address (if different from 1(e) above):
住址 (如与以上 1(e)项不同) _____

(d) Hong Kong Telephone Number: _____ (e) Email Address : _____
香港电话号码 电邮地址

(f) Signature of Applicant : _____
申请人签署

(g) Relationship with the Child in 1(a) above: _____ (h) Date 日期: _____
与以上 1(a)项儿童关系

4. **Consent from Child's Parent/ Guardian 儿童父母 / 监护人同意书**

[** 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.
倘若申请人不是儿童父母 / 监护人, 请填写此部分, 并提供儿童父母 / 监护人的香港身份证 / 旅行证件的真确副本。如果申请人本人是儿童父母 / 监护人, 则无须填写此部分。]

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

本人同意将儿童之医疗报告 / 证明发放给申请人。

(a) Name: _____ (b) HKID Card / Travel Document No.: _____
姓名 香港身份证号码 / 旅游证件号码

(c) Hong Kong Telephone No.: _____ (d) Email Address : _____
香港电话号码 电邮地址

(e) Residential Address (if different from 1(e) above): _____
住址 (如与以上 1(e)项不同) _____

(f) Relationship with the Child in 1(a) above: _____
与儿童关系

(g) Signature of the Child's parent/guardian: _____ Date: _____
儿童父母 / 监护人签署 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 医疗报告 / 证明接收者资料

[** 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.
倘若接收者为有限公司，例如保险公司、律师楼等，请填写此部分；如接收者为申请人，则无须填写此部分。]

(a) Name of Company: _____ (b) Hong Kong Telephone No.: _____
公司名称 香港电话号码

(c) Company Address 公司地址: _____

6. Particulars of Collector of Medical Report/ Certificate 医疗报告 / 证明领取者资料

[** If the collector is the Applicant, completion of this part is not required.
如领取者为申请人，则无须填写此部分。

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.
代取人须于领取医疗报告 / 证明时出示其有效的身份证明文件及申请人的身份证明文件副本。]

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 _____，授权 _____ *先生 / 太太 / 女士 / 小姐，即香港身份证 / 旅
游 / 证件 _____ 号持有人，其香港联络电话号码为 _____，代本人领取
_____ 的医疗报告 / 证明。

Name of Applicant: _____
申请人姓名

Signature of Applicant: _____
申请人签署

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 领取医疗报告 / 证明收据

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

本人 _____ 兹收到 _____ (儿童体能智力测
验服务中心号码 _____) 之医疗报告 / 证明。

Name and Signature of Collector :
领取者姓名及签署 _____

Type of Identity Document and Number :
身份证明文件及号码 _____

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