



申請醫療報告/醫療記錄副本/住院、應診或出生資料證明申請表  
Request Form for Medical Report / Copy of Medical Record / Hospitalization, Attendance or Birth Information Certification

Internal Use

Case No. \_\_\_\_\_

請先閱讀「申請須知」才填寫申請表。Please read the "Information Sheet" before completing this application form.

請於適當方格內加入✓號 please tick (✓) where appropriate \*請刪除不適用者 please delete the inappropriate

1. (A)病人資料 Particulars of Patient:

英文姓名 English Name: \_\_\_\_\_ 中文姓名 Chinese Name: \_\_\_\_\_ 性別 Sex:  男 Male  女 Female  
 出生日期 Date of Birth: \_\_\_\_\_ (日/月/年) (dd/mm/yyyy) 香港身份證/護照號碼 HKID Card/Passport No.: \_\_\_\_\_ 聯絡電話號碼 Telephone No.: \_\_\_\_\_  
 姓氏 Family Name 名字 Given Name

(B)申請人資料(如非病人本人) Particulars of Applicant (If different from the Patient)

英文姓名 English Name: \_\_\_\_\_ 中文姓名 Chinese Name: \_\_\_\_\_  
 姓氏 Family Name 名字 Given Name  
 \*香港身份證/\*護照號碼 \*HKID Card/\*Passport No.: \_\_\_\_\_ 與病人關係 Relationship with Patient: \_\_\_\_\_ 聯絡電話號碼 Telephone No.: \_\_\_\_\_

2. 接收方法 Mode of Collection:

親自到取 In person  
 電郵地址 E-mail Address: \_\_\_\_\_  
 郵寄地址 Mailing Address: (  掛號郵件 Registered mail  平郵 Ordinary mail )

本人明白並接受以傳真 / 電郵 / 郵寄方式傳送資料，存在誤送、意外攔截或錯誤之風險，本人同意免除養和醫療集團相關的所有責任。  
I understand and accept that there is a risk of misdirection, unintended interception or error of the fax / e-mail / mail and I agree to release and discharge the HKSH Medical Group from the associated responsibility.

3. 需要與申請表一併提交之文件副本 Copy of Documents enclosed:

病人的身份證明文件 Patient's Identity document  申請人的身份證明文件 Applicant's Identity Document  
 病人的出生證明書 Patient's Birth Certificate  監護人之證明文件 Documentary proof of relationship of guardianship  
 身故病人適用 For deceased patient:  死亡證明書 Death Certificate  遺產認證 Probate/ Letter of Administration  
 申請人與死者關係的證明文件 Documentary proof of relationship between the Applicant and the Deceased  
 其他(請列明) Others(please specify): \_\_\_\_\_

4. 申請項目 Nature of Request:

期間 Period:  全部 ALL  由 From: \_\_\_\_\_ (日/月/年) (dd/mm/yyyy) 至 To: \_\_\_\_\_ (日/月/年) (dd/mm/yyyy)  
 醫療記錄副本(請列明) Copy of Medical Records(please specify): \_\_\_\_\_  
 醫療報告(由醫生撰寫) Medical Report (Prepared by Doctors)  住院/應診證明 Hospitalization / Attendance History Certificate  
 出生證明 Birth Information Certificate  其他(請列明) Others(please specify): \_\_\_\_\_

5. 申請之用途 Purpose of Request:

日後醫療用途/個人記錄 Future Medical Follow-up / Personal Record  申索保險賠償 Claim for Insurance Compensation  
 法律申訴程序 Legal Proceedings for: \_\_\_\_\_  其他(請列明) Others (please specify): \_\_\_\_\_

6. 聲明/同意書 – 本人，即病人或其他申請人，謹此聲明在本表格內提供的資料及文件真確無訛及完整。本人同意根據養和醫療集團(集團)的要求提供任何其他資料及文件，以便處理本申請。本人已閱讀及明白申請醫療報告 / 醫療記錄副本 / 住院、應診或出生資料證明須知。本人同意支付處理本申請的費用及同意集團有權在申請醫療報告 / 醫療記錄副本 / 住院、應診或出生資料證明須知所述的情況下拒絕本人的申請。本人簽署此表格同意及授權集團透露及發出病人的個人資料予上述接收人。

**Declaration / Consent** – I, the Patient or other Applicant, declare that all information and documents given in this request form is accurate and complete. I agree to provide any other documents or information upon request from the HKSH Medical Group("Group") in order to process the request. I have read and understand the matters set out in the "Information Sheet for Request for Medical Report / Copy of Medical Record / Hospitalization, Attendance or Birth Information Certification". I agree to pay the processing charges and agree that the Group has the right to refuse to comply with the request in the situations stated in the Information Sheet. By signing this request form, I consent and authorise the Group to disclose and release the patient's personal data to the receiver stated above.

病人簽署  
Patient's Signature

\*父母 / 監護人 / 親屬 / 遺產代理人簽署 (如申請人非病人本人)  
\*Parent / Guardian / Relative / Personal Representative's Signature  
(If Applicant is different from the Patient)

日期(日/月/年)  
Date(dd/mm/yyyy)