香港兒童醫院
Hong Kong Children's Hospital

Notes of Application for Medical Report/ Patient's Information

For request made in-person, please submit the completed application form and produce the original of documents by hand or attach the true copy of documents for vetting. Afterwards, the requester will be provided with a payment slip and shall pass the payment slip to Shroff for fee settlement at Tower B, G/F and present the receipt to Patient Information Release Office at Tower A, 5/F.

For application by post, please send the completed application form together attach the true copy of documents with a crossed cheque (made payable to "Hospital Authority") of the fee to Patient Information Release Office.

Please complete the patient's details of the claim form (if any) and submit with the request form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided.

All medical reports/ patient's information is written in English. This hospital does not provide translation service.

For enquiries, please call 3513 6258.

Scale of Fee (Applicable from 1 January 2026)

A minimum of $1,100 per medical report per specialty subject to a maximum of HK$4,400 will be charged.

HK$300 will be charged for patient's information (Certify True Copy, Date of Admission & Discharge, Attendance Record, copy of Medical Certificate).

Fee for the issuance of certificates and reports are non-refundable, except when HA is unable or deems inappropriate to provide such certificates or reports

Address:	Patient Information Release Office, Health Information & Records Management Department, 5/F, Tower A, Hong Kong Children's Hospital, 1 Shing Cheong Road, Kowloon Bay, Kowloon, Hong Kong	**Office hour:**	Monday to Friday: 9am-1pm; 2pm-5pm Saturday, Sunday & Public Holiday: closed
		Enquiry no.:	3513 6258

Please note that submission of insufficient or inaccurate information might lead to longer processing time of the request.

醫療報告及病人資料申請須知

如親身遞交申請，請將已填妥的申請表格交予本院病人資料發放部及出示有關文件的正本或附上有關文件的副本，經核對後，請前往本院B座地下的繳費處提交收費表及繳交有關費用，並將收據交回本院A座五樓病人資料發放部。

如以郵遞方式申請，請將已填妥的申請表格並附上有關文件的副本連同所需費用的劃線支票(抬頭為「醫院管理局」)寄回本院病人資料發放部。

有關申請填寫保險公司發出之表格，請將已填妥病人資料之保險公司表格連同本院之申請表一併提交。

醫院保留權利填報閣下遞交之表格或提供一種合適的醫療報告以供閣下備用。

所有醫療報告/ 病人資料以英文簽發，本院並無翻譯服務。

如有查詢，請致電：3513 6258。

收費表 (二零二六年一月一日開始適用)

申請醫療報告之費用，每一科每一份為港幣$1,100，最多收取港幣$4,400。

申請一般病人資料(核實真確副本、出入院日期證明、到診日期及醫生證明書副本)，每份收費為港幣$300。

除因本院未能提供醫療報告或證明書外，所有費用概不發還。

地址：	香港九龍九龍灣承昌道一號香港兒童醫院 A座五樓醫療信息及病案管理部病人資料發放部	**辦公時間：**	星期一至五 上午九時至下午一時， 下午二時至五時 星期六、日及公眾假期休息
		查詢電話：	3513 6258

請注意，若提交資料有不足或錯誤，要求將需要較長時間處理。

Appendix 附錄

Details of Specialty 所屬專科詳情

(To be Updated 稍後更新)

Medical Report/ Patient's Information Application Form

醫療報告及病人資料申請表格

Please √ the appropriate box 請在適當方格加上「√」號
*Delete whichever is inappropriate *請刪去不適用者

1. Particulars of Patient 病人資料

(a) Name 姓名 (English 英文) _____ (Chinese 中文) _____

(b) Sex 性別 *Male 男 /Female 女 (c) Age 年齡 _____

(d) Date of Birth 出生日期 _____

(e) * HKID Card/Passport No. *香港身份證/護照號碼 _____

(f) Address 地址 _____

(g) Daytime Telephone No. 日間聯絡電話號碼 _____

(h) Any other contact number(s) 其他聯絡電話號碼 _____

If the HKID Card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital. If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Data Subject when submitting this request to our hospital.
若提交香港身份證號碼，而提交的號碼正確及與醫管局資料庫所記錄的號碼相符，無須親身出示香港身份證正本或提交真確副本。否則，須提交香港身份證的真確副本，或親身出示香港身份證正本，以供查核。若提交護照號碼，請在向本院提交本申請表格時，親身出示資料當事人的護照正本或提交真確副本。

If patient is under 18 years of age, please provide a true copy of the patient's birth certificate and identity document of the parent OR documentary proof of relationship of guardianship.
如病人年齡未滿十八歲，請附上其出生證明書及其監護人身份證明文件真確副本或監護人之證明予職員核對資料。

2. Nature of request 申請項目 **(Please choose one only 只可選擇其中一項)**

☐ Medical Report 醫療報告

☐ Patient's information 病人資料

- ☐ Attendance Record 到診日期
- ☐ Copy of Medical Certificate 醫生證明書副本
- ☐ Clarification of Medical Certificate 澄清已發出的醫生證明書

 # Please attach the original medical certificate for ease of reference 請附上該醫生證明書正本以作參考
 # Please specify the details for clarification 請註明需澄清事項

_____

_____

_____

☐ Others 其他 _____

_____

3. Information Requested 索取的資料

(a) Specialty 專科 _____

 # For detail of specialty, please refer to the Appendix 所屬專科的詳情，請參考附錄。

(b) Out-patient No. 門診編號 _____

Consultation Period 求診期間

From 由 _____ to 至 _____

(c) Hospital No. 住院號碼 _____

Admission & Discharge Period 入院及出院期間

From 由 _____ to 至 _____

(d) Purpose of Report 醫療報告之用途

(i) For general purpose(s) 作為一般目的之用

☐ a general medical report for 一般性質之醫療報告以供

☐ future medical purposes 日後醫療用途

☐ others, please specify 其他(請註明)

_____

☐ a supplementary medical report 解釋或跟進一個已發出的醫療報告

 # Please attach a copy of the previous medical report, if available, for ease of reference.
如有以前的醫療報告，請附上副本以作參考。

Please specify items to be included in this supplementary medical report:
請註明此跟進醫療報告所應包括之事項:

_____

(ii) For specific purpose(s) 作為指定用途

☐ insurance claim 申索保險賠償

Claim Form Attached 附上保險表格 ☐ Yes 有 ☐ No 沒有

If the claim form is being completed, no additional medical report will be given
如醫生已填寫附上的保險表格，則不會另外附上一份醫療報告。

☐ legal proceedings 法律申訴程序

☐ certification of sickness/injury for 證明疾病/受傷以用作 _____

☐ certification of sickness/disability in support of 證明疾病/傷殘用以支持

☐ immigration application 申請移民 ☐ rehousing application 申請公屋徙置

☐ to Immigration Department for family reunion 向人民入境事務處申請家人來港團聚

☐ others (please state reason) 其他 (請列明理由)

_____

(iii) Contents 內容包括:

☐ nature of sickness/disability/injury 疾病或傷殘或受傷性質

☐ nature of operation/treatment 手術/治療的性質

☐ length of hospitalization 留院日期

☐ length of sick leave granted 病假日期

☐ an assessment of the degree of permanent disability following sickness/injury
疾病/受傷而引致的永久傷殘程度評估

☐ others, please specify 其他(請註明)

_____

4. Particulars of Recipient 接收人資料

 # To be completed if recipient is other than Requester
如申請人為接收人，此項不須填寫

(a) Name 姓名 (English 英文) _____ (Chinese 中文) _____

(b) * HKID Card/Passport No. *香港身份證/護照號碼 _____

(c) Address 地址 _____

(d) Telephone No. 電話號碼 _____

 # Please attach a copy of the identity document of the recipient to whom this Medical Report/ Patient's information is to be sent if not the patient himself/ herself. The authorized recipient when collecting the report should produce identity proof and authorization letter (signed by the requester) for verification by staff. If the recipient is a limited company such as an insurance company, copy of the identity document is not required when submitting the request form. Company staff should produce documentary proof when they collect the report on behalf of the company.
如果此醫療報告/ 病人資料非由病人本人接收，請附上接收人的身份證明文件副本。接收人到取報告須出示身份證明文件及由申請人發出的授權書，以便職員核對資料。如若接收人為一有限公司（如保險公司）則提交申請表時不用附上接收人的身份證明文件副本。接收人代表公司到取報告時須出示証明文件。

5. The requested medical report would be sent by **registered mail** unless you check the following box
除非你選擇以下領取醫療報告的方式，否則你所要求的報告將會以**掛號郵件**寄出。

☐ Collect the medical report/ patient's information in person. Please inform me/ recipient when the report is ready for collection. 到取所要求的醫療報告/ 病人資料，請在可以領取報告時通知病人本人/接收人。

Signature of Patient 病人簽署 *# For Patient who is over 18 years old* 此欄適用於年滿十八歲之病人	
Signature 簽署	Date 日期

Signature of Patient's Parents/ Guardian 病人父母/ 監護人簽署 *# If patient is a minor **Or*** mentally incapable 此欄適用於未滿十八歲或因精神狀況而不能處理本身事務之病人	
Signature 簽署	
Name 姓名	
* HKID Card/Passport No. *香港身份證/護照號碼	Date 日期

FOR OFFICAL USE ONLY 此欄只供本院填寫		
Amount Payable 應付款項		
病人的證件號碼已經核對 * 香港身份證/ 護照/ 出生證明書	*正本/ 副本	☐ 已收集副本
申請人的證件號碼已經核對 * 香港身份證/ 護照	*正本/ 副本	☐ Checked by: