範本一 家庭醫生診所「戶外證明醫生紙」

由於報讀LcPST,LcFF,BSTL屬戶外訓練課程，為確保學員在健康狀況良好下進行戶外訓練課程，學員需要遞交一份「戶外訓練證明醫生紙」證明本人適合戶外訓練

Quality 卓健 HealthCare

To: others

Dear to whom it may concern

9-Mar-2026

一般期限為一年
有效期必須在上課日期範圍內

個人資料必須與身份證明文件完全吻合

Re: Patient [redacted]

HKID/Passport no: [redacted]

Chit no: [redacted]

Please kindly see the above named is physically fit for outdoor training.

必須證明本人適合戶外訓練

[redacted]

Quality HealthCare Medical Centre (Tuen Mun - Parklane Square)
Tel: 2994-2468

Rm 2318, South Wing 23/F, Tuen Mun Parklane Square, 2 Tuen Hi Road, Tuen Mun

Declaration of consent by patient
I fully understand that the service(s) to be provided by the specialist/service provider whom I am referred to under this referral form ("Referred Service") may not covered under my company's medical scheme/my insurance policy. Notwithstanding the foregoing, I agree to the referral hereunder and in case it is confirmed by Quality HealthCare Medical Services Limited or its affiliated companies that the Referred Service is not covered. I shall be solely responsible for all cost of the Referred Service.

Patient's name & signature _____ Date _____

For your convenience, you may make a specialist booking via the WhatsApp QR Code below or contact us by 83018301.

QR Code:

只供參考

範本二 海事處MD 818的健康評估表 (本地合格證明書持有人)

由於報讀LcPST,LcFF,BSTL屬戶外訓練課程，為確保學員在健康狀況良好下進行戶外訓練課程，學員需要遞交一份「戶外訓練證明醫生紙」證明本人適合戶外訓練

香港特別行政區政府海事處

MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

Medical Assessment Form
(Holder of Local Certificate of Competency)

健康評估表
（本地合格證明書持有人）

PART I — Personal Details
第I部分 — 個人資料

個人資料必須與身份證明文件完全吻合

Surname 姓氏（英文）：	[redacted]	Forename(s) in full 名（英文）：	[redacted]
Name in Chinese 姓名（中文）：	[redacted]	Date of birth 出生日期：	[redacted]
H.K. Identity Card No. or Passport No. 香港身份證或護照號碼：	[redacted]	Gender 性別：	Male 男

List of RMP: 認可醫生名單：

PART II[1] — Medical Assessment
第II部分[1] — 健康評估

When completing this part, RMP should refer to the Marine Department's stipulated Guidelines for Conducting the Medical Assessment of Local Certificate of Competency Holders.
在填寫本表格時，認可醫生應參照海事處發出的本地合格證明書持有人健康評估指引。

Risk Group 1 – Sudden Loss of Consciousness, Altered Awareness, Epilepsy and Sleep Disorders
第一組風險 —突發性失去意識、知覺改變、腦癇和睡眠障礙

1 Does the applicant have a history of epilepsy or epileptic attack in the past five years? ☐ Yes 是 ☑ No 否
在過去五年中，申請人是否有患過腦癇症或腦癇發作病歷？
If ☑ YES, please give details of the last attack and the date when treatment ceased.
如☑是，請提供最近一次發作的資料和治療終止的日期

_____

[1] Part II, III & V are to be completed by a Marine Department-recognized registered medical practitioner (RMP).
第II, III 和 V 部分由海事處認可註冊醫生（"認可醫生"）填寫。

個人資料必須與身份證明文件完全吻合

Applicant 申請人	
Name 姓名	[redacted]
I.D. No. 身份證號碼	[redacted]

PART V[1] — Medical Fitness Certificate
第V部分[1] — 健康證明書

On the basis of my assessment recorded above, I certify that the applicant is medically:
根據我以上的評估記錄，我作出證明，申請人的健康評估為：

(Please tick one of the following blocks in sections A, B, or C)
（請在以下 A、B 或 C 部分中勾選一方框）

A. Fit to operate a local vessel: 適合操作本地船隻 — Without restrictions 沒有限制 ☑ / With restrictions: 設有限制 ☐

B. Unfit to operate a local vessel: 不適合操作本地船隻 ☐ 必須證明本人適合戶外訓練

C. Based on the available health information, the applicant's fitness is considered doubtful, and the applicant is required to undergo a further medical examination on [ ] item by a medical specialist or provide evidence of treatment for the condition concerned for his/her health status to be considered acceptable. ☐
根據現有的健康資訊，申請人的健康狀況被認為有疑問，需要接受由專科醫生對[ ]項目進行進一步檢查或提供治療證明以確認其健康狀況被接受。

Remarks and description of restrictions if applicable:
備註及具體說明何種限制（如適用）

This medical fitness certificate is valid until*： 13/1/2031
本健康證明書有效期至 有效期必須在上課日期範圍內

13-1-2026
Date 日期

[redacted]
Signature of Medical Practitioner 醫生簽署

[redacted]
Registration No. 註冊編號

[redacted]
Stamp of Medical Practitioner 醫生蓋印

* *RMP may issue a certificate of medical fitness for a lesser period if appropriate.*
如需要，認可醫生可簽發較短期限的健康證明書。

Certificate issue duration	*證書有效期限*	*Age*	*年齡*
Up to 5 years	*不多於五年*	*18 to 64 years old*	*18 歲或以上但未滿65歲*
Up to 3 years	*不多於三年*	*65 to 69 years old*	*65 歲或以上但未滿70歲*
Up to 1 year	*不多於一年*	*70 years old or more*	*年滿70歲或以上*