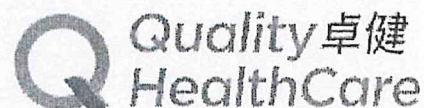


範本一 家庭醫生診所「戶外證明醫生紙」

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



To: others

Dear to whom it may concern

9-Mar-2026

個人資料必須與身份證明文件完全吻合

Re: Patient

HKID/Passport no:

Chit no:

一般期限為一年
有效期必須在上課日期範圍內

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

必須證明本人適合戶外訓練



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

PART II¹ — Medical Assessment

第II部分¹ — 健康評估

List of RMP:
認可醫生名單:



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。

PART V¹ — Medical Fitness Certificate

第V部分¹ — 健康證明書

Applicant 申請人

Name 姓名

I.D. No. 身份證號碼

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

Signature of Medical Practitioner

醫生簽署

Registration No.

註冊編號

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