

大众医院登门医疗服务 免费医药治疗申请表

PUBLIC FREE CLINIC HOME TCM TREATMENT APPLICATION FORM FOR FREE MEDICAL SERVICE

编号 Reg. No. _____

申请人姓名：(中文) _____ 登记号码 IC No: _____

Name of Applicant: (English) _____

出生日期 Date of Birth: _____ 性别 Gender: *男 male / 女 Female

住址 Address: _____

_____ 电话 Contact number: _____

职业 Occupation: _____

居住组屋: * 2 / 3 / 4 / 5 房式

Living in *2 / 3 / 4 / 5 room flat

个人月薪: _____ 家庭总月薪: _____

同住家庭成员 Family members:

	<u>姓名 Name</u>	<u>年龄 Age</u>	<u>职业 Occupation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

申请资格 Qualified for application:

- 个人月薪少于\$1,000/-或家庭月薪少于\$2,000/-。
Personal income less than \$1,000/-, or family income less than \$2,000/-。
- 住租赁组屋 2 房式或更小。
Stay in 2-room rental flat, or smaller。
- 自居 3 房或更小组屋。
Live in 3-room or smaller flat alone。
- 寄居 4 房或更小组屋。
Stay in 4-room or smaller flat。
- 领取福利金者。(需附证明文件)
Receiving Assistant Grants from Welfare Society. (Please attach proving documents)

福利团体/联络所/居民委员会发予的贫困证明:

Proving documents from Welfare Society / Community Centre / Residents' Community:

主任签名: Signature of 日期: Date:
团体印章: Unit Stamp: _____ Officer-in-Charge: _____ Date: _____

申请人签名 Applicant's Signature: _____ 日期 Date: _____

医师评语 Physician's Remarks: _____

医师签名 Physician's Signature: _____ 日期 Date: _____

***批准 Approved / 不批准 Not approved** 生效日期 effective on: _____

总执行秘书签名 by Chief Executive Officer: _____

日期 Date: _____

备注: 申请批准的有效期为 12 个月, 每年更新。

Once application is approved, it is only valid for one year.

*请删除不适用的字句 / Please delete which is not applicable