

大众医院

免费门诊申请表

PUBLIC FREE CLINIC SOCIETY

APPLICATION FORM FOR FREE MEDICAL SERVICE

Photo 照片

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:

	姓名 Name	年龄 Age	职业 Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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/大众医院理事发予的贫困证明:

Proving documents from Welfare Society / Community Centre / Residents' Community /
Management Committee Member of Public Free Clinic Society:

主任签名: _____ 日期: _____
Signature of _____ Date: _____
团体印章: _____ 主任签名: _____ 日期: _____
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: _____

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

备注: 申请批准的有效期为3年。

Application is approved for a valid period of only 3 years.