



Po Leung Kuk  
Lo Kit Sing (1983) College

保良局羅傑承(一九八三)中學

Cheung Hong Estate, Tsing Yi, N.T., Hong Kong

香港新界青衣長康邨

Tel: 2497 7110

Fax: 2431 1156

Dear Parents,  
各位家長：

P26010

**“Student Health Service Enrolment Exercise 2026/27”**

**「學生健康服務 2026/27 學年報名計劃」**

Student Health Service aims to safeguard the physical and psychological health of students through health promotion and disease prevention services, enabling them to gain the maximum benefit from the education system and develop their full potential. The scope of service includes health assessment (including physical examination, growth and puberty assessment when necessary), individual health counselling and health education. We hereby invite your child to participate in the services for the 2026/27 academic year.

From last year's experience, some students and parents may have problems with online enrolment. For their convenience, either online or paper enrolment are accepted this year. Please understand the two enrolment methods and assist them in completing the process. Parents will receive a school specific QR code, as well as a paper enrolment form, namely the "Application and Consent Form for Student Health Service 2026/27".

**Online Method**

Parents can access the enrolment platform using the school specific QR code, provide information and submit application on or before 8<sup>th</sup> September.



**Paper Method**

If application is not submitted via the online platform on or before 8<sup>th</sup> September, form teachers will distribute a hard copy of the "Application and Consent Form for Student Health Service 2026/27" to the student. For parents who wish to enrol by paper, they have to complete the form with necessary information. We kindly request that parents who do not wish to enrol their student in this service complete Part A & C to confirm their decision. This is of utmost importance, as it verifies that all parents have been reached, and reduces the need for further redundant enrolment attempts.

學生健康服務旨在透過促進健康及預防疾病服務，保障學生身心健康，從而在學習中獲得最大裨益和充分發揮自身潛能。服務範圍包括健康評估(需要時進行身體檢查、發育和青春期的評估)、個別健康輔導及健康教育。現誠邀 貴子女參加 2026/2027 學年服務。

參考去年的經驗，部分學生及家長在使用網上報名時可能遇到問題。為方便家長，本服務於 2026/2027 學年接受網上或紙本報名。煩請家長了解兩項報名方法及完成報名程序。家長將會收到學校專屬二維碼和 紙本「學生健康服務參加表格及同意書 2026/2027」。

**網上報名**

家長可使用學校提供的學校專屬二維碼，於 9 月 8 日或之前經網上平台遞交報名表。



**紙本報名**

如未能於 9 月 8 日或之前經網上遞交報名表，班主任將會派發「學生健康服務參加表格及同意書 2026/2027」給學生。如家長希望透過紙本報名，必須填妥「學生健康服務參加表格及同意書 2026/2027」內所有資料。若家長不同意其子女參加學生健康服務，請務必填寫「學生健康服務參加 表格及同意書 2026/2027」內的甲部及丙部以確認家長/監護人的意願。這點至關重要，因為能夠確保所有家長已獲知此訊息，因而減低往後再進行重複報名程序的需要。

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保良局羅傑承(一九八三)中學



Law Wing Chung, Principal 羅穎忠校長  
1<sup>st</sup> September, 2026 二零二六年九月一日

## Application &amp; Consent Form for Student Health Service 2026/27

(Please complete this form in BLOCK letters using ball pen)

| A. Student / Participant Particulars (Please put tick <input checked="" type="checkbox"/> when appropriate) |  |                      |  |                   |  |                      |  |                                                                                            |                      |                      |                                 |
|-------------------------------------------------------------------------------------------------------------|--|----------------------|--|-------------------|--|----------------------|--|--------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------------------|
| Name of Student / Participant (Please complete the name as printed on identity document)                    |  |                      |  |                   |  |                      |  | Date of Birth                                                                              |                      | Sex                  |                                 |
| Surname (English)                                                                                           |  | Other name (English) |  | Surname (Chinese) |  | Other name (Chinese) |  | Day                                                                                        | Month                | Year                 | <input type="checkbox"/> Male   |
|                                                                                                             |  |                      |  |                   |  |                      |  | <input type="text"/>                                                                       | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Female |
| Name of school                                                                                              |  |                      |  |                   |  |                      |  | <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Whole Day |                      | Class                |                                 |

\* Student should bring along the stated identity document on the day of the annual health assessment.

Type of document: (Please put tick ☒ when appropriate)

|                          |                                                                                                                                                                                                          |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | HK Permanent Identity Card                                                                                                                                                                               |
| <input type="checkbox"/> | HK Birth Certificate with permanent resident status of HKSAR indicated as "ESTABLISHED"                                                                                                                  |
| <input type="checkbox"/> | HKSAR Passport                                                                                                                                                                                           |
| <input type="checkbox"/> | HKSAR Re-entry Permit                                                                                                                                                                                    |
| <input type="checkbox"/> | HKSAR Document of Identity for Visa Purpose (bearing valid visa endorsement to stay in HK)                                                                                                               |
| <input type="checkbox"/> | Valid travel document                                                                                                                                                                                    |
| <input type="checkbox"/> | Overseas Passport                                                                                                                                                                                        |
| <input type="checkbox"/> | PRC Passport                                                                                                                                                                                             |
| <input type="checkbox"/> | with label / stamp showing "right to land" / "right of abode" / "permitted to land" in HK / "previous conditions of stay are hereby cancelled" / "eligibility for HK permanent identity card verified"   |
| <input type="checkbox"/> | with label / stamp showing "unconditional stay" in HK                                                                                                                                                    |
| <input type="checkbox"/> | with label / stamp showing "permitted to remain until (date)" or "permission to remain extended until (date)" in HK provided that the holder <u>is not a visitor</u> and <u>has not overstayed in HK</u> |
| <input type="checkbox"/> | Travel document (e.g. Passport, Two-way Permit) showing the holder's status as "Visitor" / holders of Form of Recognizance (should be charged at "non-eligible person" rate)                             |

Student who selects the following documents is required to further provide requested information to prove his / her eligibility. Otherwise, he / she would be charged at "non-eligible person" rate.

☐ HK Birth Certificate (with permanent resident status of HKSAR indicated as "NOT ESTABLISHED")

☐ HK Identity Card (only applicable for the age of 11 or above)

☐ Other identity documents, please specify \_\_\_\_\_

|                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Place of Birth                                                                                                                                                                                                                                              | Period of arrival in Hong Kong (Not for child born in Hong Kong)                        | Contact telephone no. of parent / guardian<br>(Remarks : for phone contact and receiving SMS message) |
|                                                                                                                                                                                                                                                             | <div> <div></div> <div></div> <div></div> <div></div> </div> <div>Month      Year</div> |                                                                                                       |
| Address: Room      Floor      Block                                                                                                                                                                                                                         |                                                                                         |                                                                                                       |
| <div>Building</div> <div>Street</div> <div>District</div> <div>Mail Collection Number</div> <div> <input type="checkbox"/> Hong Kong   <input type="checkbox"/> Kowloon   <input type="checkbox"/> New Territories   <input type="checkbox"/> Others </div> |                                                                                         |                                                                                                       |
|                                                                                                                                                                                                                                                             |                                                                                         | Other cell phone no.                                                                                  |
|                                                                                                                                                                                                                                                             |                                                                                         | Home telephone no.                                                                                    |

**B. Consent and Declaration** (If you agree to enrol your child in the Student Health Service, please complete this part)

I agree to enrol the above named child in the Student Health Service. I give consent to and authorise the Director of Health to obtain or disclose all relevant information relating to the child from me, the school the child is attending, the service providers engaged by Student Health Service, Government bureaux / departments, the Hospital Authority or relevant parties for the purpose of enrolment and follow-up appointment and establishing the eligibility status of the child for fee-determination purpose.

(The Student Health Service is provided free for those students who are “**eligible persons**”. For “**non-eligible persons**”, they have to pay on the appointment day the gazetted annual fee, the prevailing fee is HK\$680.)

Signature of Parent / Guardian \_\_\_\_\_ Relationship ☐ Father ☐ Mother ☐ Guardian  
Name of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Please complete in block letter)

**C. Do not agree to enrol** (If you **disagree** to enrol your child in the Student Health Service, please complete this part)

**I do not agree to enrol the above named child in the Student Health Service.**

Reason for non-enrolment \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Relationship ☐ Father ☐ Mother ☐ Guardian

Name of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Please complete in block letter)

## **Statement of Purposes**

### **Student Health Service**

#### **Purpose of Collection**

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of the services, and other related activities. The personal data provided will be used by DH for the following purposes:
  - a. Proof of eligibility;
  - b. Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters, etc;
  - c. Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
  - d. Consent for particular treatments / tests;
  - e. Tracking of payment;
  - f. Suspected outbreak investigation;
  - g. For public health purposes, such as notification of tuberculosis or other reportable / notifiable diseases;
  - h. Tracing defaulters for follow-up / treatment;
  - i. Record of enrolment / management;
  - j. For preparing statistics and accounting reports, epidemiological surveillance, carrying out research or teaching purpose;
  - k. Audit purpose; and
  - l. For providing alert for public health emergencies.
  - m. Promotion of health programmes and information.

\* The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

#### **Classes of Transferees**

2. The personal data you provide are mainly for use within the DH but they may also be disclosed to other Government bureaux / departments, the Hospital Authority or relevant parties for the purposes mentioned in para. 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

#### **Access to Personal Data**

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

#### **Enquiries**

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

##### **Student Health Service**

Clerical Officer

4/F, Lam Tin Polyclinic,

99, Kai Tin Road, Kwun Tong, Kowloon

Tel: 3163 4600

Student Health Service

[www.studenthealth.gov.hk](http://www.studenthealth.gov.hk)



Health Programmes at

Student Health Service Centre

[www.shs.gov.hk/healthprog.pdf](http://www.shs.gov.hk/healthprog.pdf)





衛生署

## 學生健康服務參加表格及同意書 2026/27

(請用原子筆以正楷填寫)

| 甲. 學生／參加者 資料 (請在適當位置加上☑剔號)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|----------------------|-------|--|-------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------|--|
| 學生／參加者姓名 (請依照身份證明文件填寫)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |       |                      |       |  | 出生日期<br>日 月 年                                                                       |                                 | 性別<br><input type="checkbox"/> 男<br><input type="checkbox"/> 女 |  |
| 姓(中文)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 名(中文) |                      | 姓(英文) |  | 名(英文)                                                                               |                                 |                                                                |  |
| 學校名稱                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                      |       |  | <input type="checkbox"/> 上午 <input type="checkbox"/> 下午 <input type="checkbox"/> 全日 |                                 | 班別                                                             |  |
| <p>* 學生出席周年健康檢查時，請攜帶所註明的身份證明文件。</p> <p>證件種類：(請在適當位置加上☑剔號)      證件號碼： <input type="text"/></p> <p><input type="checkbox"/> 香港永久性居民身份證</p> <p><input type="checkbox"/> 香港出生證明書，其上顯示香港特別行政區永久性居民身份為“確定”</p> <p><input type="checkbox"/> 香港特別行政區護照</p> <p><input type="checkbox"/> 香港特別行政區回港證</p> <p><input type="checkbox"/> 香港特別行政區簽證身份書 (具有在香港逗留的有效簽證)</p> <p><input type="checkbox"/> 有效旅行證件</p> <p><input type="checkbox"/> 海外護照      <input type="checkbox"/> 中華人民共和國護照</p> <p><input type="checkbox"/> 其上有香港“入境權”／“居留權”／“無條件入境”／“以往規定的逗留條件現告撤銷”／“證實有資格領取香港永久性居民身份證”的標籤／蓋印</p> <p><input type="checkbox"/> 其上有在香港“無條件限制逗留”的標籤／蓋印</p> <p><input type="checkbox"/> 其上有在香港“獲准逗留至(日期)”或“獲准逗留期限延至(日期)”的標籤／蓋印，但持證人必須並非訪客及沒有逾期留港</p> <p><input type="checkbox"/> 旅行證件 (例如：護照、雙程證)，其上顯示持證人是“訪客”／擔保書 (俗稱“行街紙”) 持有人 (須按照“非符合資格人士”的收費率繳費)</p> <p>學生如選擇下列各類證件，須按本署要求出示其他資料文件，以證明學生符合有關資格，否則須按“非符合資格人士”的收費率繳費</p> <p><input type="checkbox"/> 香港出生證明書，其上顯示香港特別行政區永久性居民身份為“未確定”</p> <p><input type="checkbox"/> 香港身份證 (只適用於十一歲或以上)</p> <p><input type="checkbox"/> 其他身份證明文件，請註明 _____</p> |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| 出生地點                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       | 抵港定居時期 (在香港出生者不用填寫)  |       |  |                                                                                     | 家長／監護人聯絡電話<br>(註：可作電話聯絡及接收短訊之用) |                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |       | <input type="text"/> |       |  |                                                                                     |                                 |                                                                |  |
| 地址： 室 樓 座                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |       | 月 年                  |       |  |                                                                                     | 其它手提電話號碼                        |                                                                |  |
| 大廈                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| 街道                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| 地區                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| 領取郵件編號                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |       |                      |       |  |                                                                                     | 住宅電話號碼                          |                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| <input type="checkbox"/> 香港 <input type="checkbox"/> 九龍 <input type="checkbox"/> 新界 <input type="checkbox"/> 其他 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| 乙. 同意書及聲明 (若閣下同意貴子女參加學生健康服務，請填寫此部分)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| <p>本人同意上述學生報名參加學生健康服務，亦同意授權衛生署署長向本人、學生就讀學校、學生健康服務委聘的服務提供者、政府決策局／部門、醫院管理局或有關各方索取或披露學生的所有相關資料，以辦理報名手續及跟進治療，並確定學生是否屬“符合資格人士”，從而釐定收費。</p> <p>[學生如屬“符合資格人士”，可免費使用學生健康服務；如屬“非符合資格人士”，則須在檢查當日繳付憲報刊登的年費 (現行收費為港幣 680 元)。]</p> <p>家長／監護人簽署 _____ 與學生關係 <input type="checkbox"/>父 <input type="checkbox"/>母 <input type="checkbox"/>監護人</p> <p>家長／監護人姓名 _____ 日期 _____</p> <p>(請用正楷填寫)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| 丙. 不同意參加 (若閣下不同意貴子女參加學生健康服務，請填寫此部分)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |
| <p>本人不同意上述學生參加學生健康服務。</p> <p>不參加原因： _____</p> <p>家長／監護人簽署 _____ 與學生關係 <input type="checkbox"/>父 <input type="checkbox"/>母 <input type="checkbox"/>監護人</p> <p>家長／監護人姓名 _____ 日期 _____</p> <p>(請用正楷填寫)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |       |                      |       |  |                                                                                     |                                 |                                                                |  |

## 目的聲明

### 學生健康服務

#### 收集資料的目的

1. 衛生署向病人及服務使用者提供服務和進行其他有關活動時，他們會提供個人資料。衛生署會使用這些個人資料作以下用途：
  - a. 資格證明；
  - b. 提供服務，包括但不限於臨牀診症、診症預約及通知約期，以及顧客關係事宜等；
  - c. 測試結果／化驗／檢驗／治療的記錄，以繼續提供護理，或供其他醫療專業人員參考；
  - d. 同意進行特定治療／測試；
  - e. 跟進繳費事宜；
  - f. 調查疑似傳染病爆發個案；
  - g. 為公共衛生目的，例如就結核病或其他須予報告／呈報的疾病，作出呈報；
  - h. 追蹤不依期覆診者，以便跟進／治療；
  - i. 登記／管理的記錄；
  - j. 供製備統計數字和會計報告、流行病學監測、進行研究或教學用途；
  - k. 審計用途；以及
  - l. 就公共衛生緊急情況發出警報通知。
  - m. 推廣健康計劃及健康資訊。
- \* 提供個人資料，純屬自願。如你未能提供足夠資料，我們可能無法證明你符合資格享用某項服務或參加某些活動，因而不能為你提供服務／協助；又或即使仍可提供服務或協助，你也須按非符合資格人士的收費率(通常較高)繳費。

#### 資料承轉人類別

2. 你所提供的個人資料，主要供本署內部使用，但如有需要，也可能為上文第1段所述目的，向其他政府決策局／部門、醫院管理局或有關各方披露。此外，只有在你同意作出該項披露或該項披露是《個人資料(私隱)條例》所允許的情況下，本署才會向有關方面披露有關資料。

#### 查閱個人資料

3. 根據《個人資料(私隱)條例》第18條及22條，以及附表1第6原則的規定，你有權查閱和改正你的個人資料。你的查閱權包括有權索取你在上文第1段所述情況下所提供個人資料的複本一份。為依從查閱資料要求，可能會徵收費用。

#### 查詢

4. 有關所提供個人資料的查詢(包括查閱和改正資料)，應送交：

學生健康服務  
文書主任  
九龍觀塘啓田道 99 號  
藍田分科診所 4 樓  
電話號碼：3163 4600

學生健康服務  
[www.studenthealth.gov.hk](http://www.studenthealth.gov.hk)



學生健康服務中心服務計劃  
[www.shs.gov.hk/healthprog.pdf](http://www.shs.gov.hk/healthprog.pdf)

