

FORM 1
表格一

EMPLOYMENT ORDINANCE, CAP. 57
僱傭條例（香港法例第 57 章）

CERTIFICATE OF AN EMPLOYEE'S PERMANENT UNFITNESS
FOR A PARTICULAR TYPE OF WORK
證明僱員永久不適合擔任某類工作的證明書

Name of patient: _____ Sex: _____ Age: _____
病人姓名 性別 年齡

Hong Kong Identity Card No.: _____
香港身份證號碼

The above patient has been under the medical care of the undersigned since _____ .
上述病人自 接受下述署名人診治。

Based on the findings as revealed in today's consultation, I certify that he/ she* is permanently unfit for his/her*
根據今天診視結果 我證明他／她*因下列理由永久不適合

present job as a (job title) _____ for the following reason(s): _____
擔任現時的工作(職位名稱)

Signature of registered
medical practitioner/
registered Chinese
medicine practitioner*: _____
註冊醫生／註冊中醫*
簽署

Name in block letters: _____
姓名(請用正楷)

Address and telephone number: _____
地址及電話號碼

Date: _____
日期

Official seal (if any): _____
公章(如有)

*Delete as appropriate.
請刪去不適用者