

PERSONAL DATA 個人資料

HONG KONG POLICE FORCE MEDICAL EXAMINATION FORM

香港警務處
身體檢驗表格

Part I (To be completed by the Police) 第I部分 (由警方填寫)

Part II (To be completed by HA Hospital Staff) 第II部分 (由醫院管理局醫院職員填寫)

RN Number (報案簿編號) CRN23050027 Station (警署) QMH Date (日期) 2023-12-15

Part I: Patient Data & Consent (to be completed by Escorting Officer)

第I部分：病人資料及同意書 (由陪同人員填寫)

1. English Name (英文姓名) Yuen Po Lin Ann Chinese Name (中文姓名) 袁寶蓮
2. HKID / Passport No. / Identity Document No. (香港身份證 / 護照編號 / 身份證明文件) _____
Age (年齡) 57 Sex (性別) F
3. Methadone Card No. (美沙酮卡號碼) _____ 4. Ambulance No. (救護車編號) 4512
5. Address (住址) _____

6. Person Involved in Specific Police Case^ (Eligible for Exemption of Charge#) Yes (是) ☒ No (否) ☐
[涉及指定警方案件人士^ (符合豁免收費資格#)]

7. This is to certify that I, *the above patient / the above patient's parent/guardian (for patient under 16);
name _____ (現證明本人, 即*上述病人/上述病人的父母/監護人 (如病人年齡16歲以下):
姓名 _____)

(a) ☒ Consent (同意)
☐ Do not consent (不同意)

*to undergo / to the patient undergoing medical examination (*進行/病人進行身體檢驗):

(b) ☐ Consent (同意)
☐ Do not consent (不同意)

to the Hospital Authority ("HA") providing the Commissioner of Police, his officer(s) and/or other authorised person(s) with information (including medical and/or personal data) and records related to my/the above patient's medical examination conducted on _____ and any other subsequent medical examination to facilitate the Commissioner's investigation or prosecution of any person for offences arising from the circumstances in which I/the above patient came to be in the medical condition for which I/the above patient was examined and other directly related purposes.

醫院管理局 (醫管局) 向警務處處長、其屬下人員及/或其他獲授權人士提供有關本人/上述病人於 _____ 進行的醫療檢查及任何其後的醫療檢查的資料 (包括醫療紀錄及/或個人資料) 和紀錄, 以便警務處處長調查或檢控任何人士引致有關本人/上述病人在進行醫療檢查時的身體狀況的控罪及用作其他直接有關用途。

This authorization shall remain valid unless and until written notice of my revocation is received by the specific HA hospital/clinic/institution which actually has in its possession the information and records concerned.

除非擁有有關資料及紀錄的有關醫管局醫院/診所/機構收到本人的書面通知撤銷此授權書, 否則本授權書將維持有效。

A photocopy of this authorization is valid as the original.

本授權書的副本與正本同樣有效。

Signature of *Patient/Parent/Guardian
(*病人/父母/監護人簽署)

8. Nature of Complaint/ Reason for medical examination: (身體不適的性質/身體檢驗的理由):

Assault

9. Signature of Escorting Officer (陪同人員簽署)

Date time sent (送院日期及時間)

2023-12-15 1230
4512

Name, Rank & UI No. (姓名、職級及警務處僱員編號)

10. Signature of Officer Retrieving this Form (取去本表格人員簽署)

Name, Rank & UI No. (姓名、職級及警務處僱員編號)

11. Signature of Duty Officer's Signature (值日官簽署)

Name, Rank & UI No. (姓名、職級及警務處僱員編號)

PC8090

Tick the appropriate box (請填適當方格)

Circle as appropriate (圈出適用部分)

Person Involved in Specific Police Case: 1. persons under detention/arrest; 2. drivers involved/suspected to be involved in drink/drug driving; 3. wandering children located by police and who are suspected to have been subject to mental, physical or sexual abuse and the provision of free medical services is essential for the wellbeing of the child/children or for investigation purpose; 4. wandering old persons located by police who are apparently without family support; 5. suspected mentally disordered person located by police and who are apparently without family support; or 6. victims of crimes on first consultation. (涉及指定警方案件人士: 1. 被拘留/逮捕人士; 2. 涉及/懷疑涉及酒後駕駛/毒駕及藥駕的司機; 3. 懷疑受到精神/身體/性虐待的兒童, 被警方發現在街上流連, 因健康原因或為調查的目的而須獲提供免費醫療服務; 4. 明顯缺乏家庭支援, 被警方發現在街上流連的長者; 5. 明顯缺乏家庭支援, 被警方發現懷疑精神紊亂的人; 或 6. 罪案中受害者的第一次診治。)
HA is the approving authority (醫院管理局為審批機構)

Part II: A&E Initial
II 部分：急症
Patient English
Patient Chinese
Sex. 性別：M
HKID 香港身分證
AE
Date 日期

QMH DOB: (A&E)
G 1) F/57y 袁寶蓮
YUEN, PO LIN ANN
AE23108082(4)
15/12/2023 12:37 GS

Name of Hospital/Clinic
醫院/診所名稱

Chief Complaint (主要病因):

☐ Traffic Accident 交通意外 ☒ Assault 毆打 ☐ Industrial Accident 工業意外 ☐ Medical Illness 患病 ☐ Other 其他 (Please specify 請註明):

Injuries (受傷情況):

			Location / Description 部位/說明
Tenderness	觸痛	<input checked="" type="checkbox"/>	Rt forearm pain
Redness	發紅	<input type="checkbox"/>	
Bruising	瘀傷	<input type="checkbox"/>	
Swelling	浮腫	<input type="checkbox"/>	
Haematoma	血腫	<input type="checkbox"/>	
Abrasion	擦傷	<input type="checkbox"/>	
Laceration	裂傷	<input type="checkbox"/>	
Cut / Stab Wound*	割/利器所傷*	<input type="checkbox"/>	
Fracture	骨折	<input type="checkbox"/>	
Others (please specify)	其他 (請註明)	<input type="checkbox"/>	

The Injuries are: 傷患是: ☒ Fresh (新創) ☐ Old (舊患) ☐ Un-classified (無法分類)

Remark / Other Findings (備註/其他發現):

nil

Disposal 處理方法: Admitted 入院 / Discharged 出院 / Observation 觀察 / Transfer to other hospital 轉送其他醫院 / Dead 死亡*

(*Circle as Appropriate) (*圈出適用部分)

Signature of Reporting Medical Officer
撰寫報告醫生的簽署

Deborah Liao

Name of Reporting Medical Officer (Block Letter)
撰寫報告醫生的姓名 (請用正楷填寫)

Deborah Liao

Name of Attending Medical Officer (Block Letter)
主診醫生的姓名 (請用正楷填寫)

Issued by
Accident & Emergency Department
(由 醫院急症室簽發)

Date and Time of Completing this Report
簽發報告的日期及時間

3. : The reporting Medical Officer may not be the attending Medical Officer. Under such circumstances, the reporting Medical Officer may be completing this form based on the information available on records. All subsequent requests for medical reports and appearance in courts should be addressed to the attending Medical Officer.

意：撰寫報告的醫生不一定是主診醫生。在這情況下，撰寫報告的醫生可根據記錄所得的資料填寫本表格。其後如有任何關於索取醫事報告及出庭作證

**HONG KONG POLICE FORCE
MEDICAL EXAMINATION FORM**

香港警務處
身體檢驗表格

Part I (To be completed by the Police) 第I部分(由警方填寫)

Part II (To be completed by HA Hospital Staff) 第II部分 (由醫院管理局醫院職員填寫)

RN Number (報案簿編號) CRN 23050027 Station (警署) QMH Date (日期) 2023-12-15

Part I: Patient Data & Consent (to be completed by Escorting Officer)

第 I 部分：病人資料及同意書（由陪同人員填寫）

1. English Name (英文姓名) LEE HING M Chinese Name (中文姓名) SUN JI
2. HKID / Passport No. / Identity Document No. (香港身份證 / 護照編號 / 身份證明文件) _____
Age (年齡) 61 Sex (性別) M
3. Methadone Card No. (美沙酮咭片號碼) _____ 4. Ambulance No. (救護車編號) A 512
5. Address (住址) _____

6. Person Involved in Specific Police Case^ (Eligible for Exemption of Charge#) Yes (是) ☒ No (否) ☐
[涉及指定警方案件人士^ (符合豁免收費資格#)]

7. This is to certify that I, *the above patient / the above patient's parent/guardian (for patient under 16);
name _____ (現證明本人，即*上述病人／上述病人的父母／監護人（如病人年齡16歲以下）：

姓名 _____

(a) ☒ Consent (同意)

☐ Do not consent (不同意)

to undergo / to the patient undergoing medical examination (進行／病人進行身體檢驗) :

(b) ☒ Consent (同意)
☐ Do not consent (不同意)

to the Hospital Authority ("HA") providing the Commissioner of Police, his officer(s) and/or other authorised person(s) with information (including medical and/or personal data) and records related to my/the above patient's medical examination conducted on _____ and any other subsequent medical examination to facilitate the Commissioner's investigation or prosecution of any person for offences arising from the circumstances in which I/the above patient came to be in the medical condition for which I/the above patient was examined and other directly related purposes.

醫院管理局(醫管局)向警務處處長、其屬下人員及／或其他獲授權人士提供有關本人／上述病人於_____進行的醫療檢查及任何其後的醫療檢查的資料(包括醫療紀錄及／或個人資料)和紀錄，以便警務處處長調查或檢控任何人士引致有關本人／上述病人在進行醫療檢查時的身體狀況的控罪及用作其他直接有關用途。

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除非擁有有關資料及紀錄的有關醫管局醫院／診所／機構收到本人的書面通知撤銷此授權書，否則本授權書將維持有效。

A photocopy of this authorization is valid as the original.

本授權書的副本與正本同樣有效。

Signature of *Patient/Parent/Guardian
(*病人/父母/監護人簽署)

[Signature]

8. Nature of Complaint / Reason for medical examination: (身體不適的性質／身體檢驗的理由):

Assault

9. Signature of Escorting Officer (陪同人員簽署) _____ Date time sent (送院日期及時間) 2023-12-25 1230

Name, Rank & UI No. (姓名、職級及警務處僱員編號)

10. Signature of Officer Retrieving this Form (取去本表格人員簽署)

Name, Rank & UI No. (姓名、職級及警務處僱員編號)

11. Signature of Duty Officer's Signature (值日官簽署)

Name, Rank & UI No. (姓名、職級及警務處僱員編號)

Tick the appropriate box (請填適當方格)

Circle as appropriate (圈出適用部分)

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HA is the approving authority (醫院管理局為審批機構)

† II: A&E Init
II 部分: 急症室

QMH DOB: (A&E)

Patient English
Patient Chinese
Sex. 性別: N
HKID 香港身分證
AE
Date-日期

1061y 李興亞
LEE, HING AH
AE23108083(2)
15/12/2023 12:38 P

Name of Hospital/Clinic
醫院/診所名稱

Chief Complaint (主要病因):

☐ Traffic Accident 交通意外

☒ Assault 毆打

☐ Industrial Accident 工業意外

☐ Medical Illness 患病

☐ Other 其他 (Please specify 請註明):

Injuries (受傷情況):

Tenderness	觸痛	<input checked="" type="checkbox"/>	Right hand
Redness	發紅	<input checked="" type="checkbox"/>	Right hand
Bruising	瘀傷	<input type="checkbox"/>	
Swelling	浮腫	<input type="checkbox"/>	
Haematoma	血腫	<input type="checkbox"/>	
Abrasion	擦傷	<input type="checkbox"/>	
Laceration	裂傷	<input type="checkbox"/>	
Cut / Stab Wound*	割/利器所傷*	<input type="checkbox"/>	
Fracture	骨折	<input type="checkbox"/>	
Others (please specify)	其他 (請註明)	<input type="checkbox"/>	

The Injuries are: 傷患是: ☒ Fresh (新創) ☐ Old (舊患) ☐ Un-classified (無法分類)

Remark / Other Findings (備註/其他發現):

Disposal 處理方法: Admitted 入院 / Discharged 出院 / Observation 觀察 / Transfer to other hospital 轉送其他醫院 / Dead 死亡*

(*Circle as Appropriate) (*圈出適用部分)

Signature of Reporting Medical Officer
撰寫報告醫生的簽署

Name of Reporting Medical Officer (Block Letter)
撰寫報告醫生的姓名 (請用正楷填寫)

Name of Attending Medical Officer (Block Letter)
主診醫生的姓名 (請用正楷填寫)

Issued by
Hospital
Accident & Emergency Department
(由 醫院急症室簽發)

Date and Time of Completing this Report
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