

REQUEST FORM
FOR CONVEYANCE OF PATIENT TO A PARTICULAR HOSPITAL/CLINIC
載送病者往特定醫院 / 診療所
申請表格

Date _____ Time of Call _____ Amb No. A
日期 _____ 召喚時間 _____ 救護車編號

Patient's Name _____
病者姓名

Location of Call _____
地點

1. I, the undersigned, request *to be sent/to send the patient to _____ Hospital/Clinic by ambulance for treatment.
本人乃以下簽署人要求由救護車將*本人 / 病者送往 _____ * 醫院 / 診療所接受治療。
2. The Ambulance Supervisor has advised me that for *my own / the patient's benefit *I / the patient should be taken to the Accident and Emergency Department of the nearest hospital (i.e. the _____ Hospital) for treatment.
救護車主管曾告知本人，爲了*本人 / 病者的利益，*本人 / 病者應送往最接近的醫院 (即： _____ 醫院)急症室接受治療。
3. I undertake full responsibility and liability of such request which I have made for *myself / the patient.
所有因這次爲*本人 / 病者提出的要求而引起的責任，完全由本人承擔。

Signature of Witness
(If present) _____
見證人簽署
(如有見證人在場)

Signature of *Patient /
Patient's Guardian / Relative _____
*病者 / 病者監護人或親屬簽署

Name _____
姓名

Name _____
姓名

HK Identity Card No. _____
香港身份證號碼

HK Identity Card No. _____
香港身份證號碼

Address _____
地址

Address _____
地址

Tel. No. _____
電話

Tel. No. _____
電話

Relationship with Patient
(If applicable) _____
與病者的關係
(如適用)

Remarks
備註

1. This form must be personally signed by the patient. If the patient is under the age of 18, this form must be personally signed by the patient's guardian / relative.
此表格必須由病者本人親自簽署。如病者年齡未滿 18 歲，此表格必須由病者之監護人或親屬親自簽署。
2. This form is not applicable in multiple casualties incident.
此表格不適用於涉及大量傷者之事故。
3. *Delete whichever is not applicable.
*刪去不適用者

Notes

1. The information provided will be kept for record purpose and as a proof of your liability for making the present request. It may be provided to departments/agencies concerned for such purpose.
2. It may not be possible to accept your request if you fail to provide the information required.
3. You have the right to request access to or correction of personal data provided on this form in accordance with the provisions of the Personal Data (Privacy) Ordinance. Requests for access to or correction of personal data provided by this form may be made by letter or on a request form obtainable at FSHQs, Command Headquarters, FB Regional Offices as well as all fire stations and ambulance depots. All requests should be direct to :

The Personal Data Privacy Officer
Fire Services Department
Fire Services Department Headquarters Building
1 Hong Chong Road
Tsim Sha Tsui
Kowloon

註釋

1. 填報的資料將儲存作紀錄用途，並用以證明你為提出現時的要求負責。本處可能會就上述目的將有關資料提供予其他部門或機構。
2. 如你未能提供所需資料，本處將無法接納你的要求。
3. 你有權根據個人資料《私隱》條例的規定查閱或更改申請表格上的個人資料。如欲查閱或更改申請表格上的個人資料，可寫信或填妥「申請查閱 / 更改個人資料表格」提出。有關表格可在消防總部、消防總區辦事處、防火總區分區辦事處、各消防局及救護站索取。所有函件應寄予下列人士：

九龍尖沙咀
康莊道 1 號
消防總部大廈
消防處
個人資料私隱主任