



衛生署兒童健康服務預約系統 (網上)
網上預約帳戶設定申請表 (使用/終止)

Department of Health
Child Health Service Booking System (Online)
Online Booking Account Setting Application (Use/Termination)

兒童資料 Particulars of the child

姓名 (Name): _____

母嬰健康院編號 (MCHC Number): _____

(例子 example: ABC 152288-CH 或 or CH 08-000099)

所屬母嬰健康院名稱 (Name of the Registered MCHC): _____

就上述兒童的網上預約帳戶設定, 本人欲:

(請在適當的空格劃上 ☒)

Regarding the online booking account setting for the above child, I opt for:

(Please put a ☒ in the appropriate box)

☐ 使用 (啟動/重啟/解鎖)
Use (Activate / Reactivate / Unlock)

☐ 終止
Termination

本人明白衛生署職員會在收到上述表格 14 天內, 根據在兒童所屬母嬰健康院的登記電話與兒童之家長或監護人聯絡, 以便進行確認及處理。屆時家長或監護人需提供進一步資料以作確認 (例如姓名、身份證明文件號碼等)。如衛生署職員無法與家長或監護人聯絡, 此申請將會被視作自動放棄。

I understand that the parent/guardian of the child will be contacted by the staff of Department of Health within 14 days after the application has been received according to the phone number registered in MCHC. Parents/guardians will need to provide further information for verification (e.g. name, identity document number, etc.). This application will be cancelled without further notice in case of failure to contact the parent/guardian.

申請人姓名 :
Applicant's Name: _____

與兒童的關係 :
Relationship with the Child: _____

申請人簽署 :
Applicant's Signature: _____

日期 :
Date: _____

備註 Remark :

申請表遞交方法可選擇 Application Form can be submitted by :

1. 電郵至 enquiry_fhsweb@dh.gov.hk
Email to enquiry_fhsweb@dh.gov.hk
2. 傳真/郵寄/親身交至兒童所屬母嬰健康院
Fax/mail/submit the application form in person to the child's MCHC

Official Use : Parent/Guardian verified

Signature of Staff : _____