

致：香港復康會復康巴士 To: The Hong Kong Society for Rehabilitation, Rehabus

行動不便證明書	Mobility Impairment Certification
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甲部 (客戶的個人資料)

*必填 mandatory

Part A (Personal information of the customer)

中文姓名 Name in Chinese		*香港身份證明文件號碼 *HK Identity Document No.	英文字母及頭 4 位數字 Alphabet and first 4 digits
*英文姓名 *Name in English	姓 Surname	名 Given Name	*性別 *Sex

乙部 (客戶的行動不便情況, 必須由下列簽署人士填寫)

Part B (Condition of customer's mobility impairment, must be completed and signed by the certifying professional)

* 謹此證明上述人士為行動不便人士 (如下肢肢體活動能力有限人士), 不方便使用公共交通。其行動不便情況如下: This is to certify that the above named person suffers from mobility impairment (i.e. person with lower limb mobility difficulties) and has difficulties in using public transport. Details are as follows:

⊕ 有效期 * : 永久 非永久, 有效至 _____
Validity period: Permanent Non-Permanent, till _____

*上述人士為以下其中一類行動不便人士:

* The above named person is one of the following types of person with mobility impairment:

- ⊕ 輪椅使用者 步行輔助器使用者, 請註明 _____
Wheelchair user Walking aid user, please specify _____
- 其他, 請註明 _____
Others, please specify _____

丙部 (簽署人士的資料)

Part C (Information of the certifying professional)

*於香港的註冊專業 *Professional registered in Hong Kong	醫生 / 物理治療師 / 職業治療師 # Doctor / Physiotherapist / Occupational Therapist #
*所屬醫院 / 診所 / 機構 # 名稱 *Name of Hospital / Clinic / Organisation #	
*姓名 *Name	*聯絡電話號碼 *Contact Phone No.
*簽署 *Signature	機構蓋章 Company Chop
*簽發日期 *Date of Issue	

⊕ 請在適當的方格內加上「✓」號 Please tick the appropriate box(es). # 請將不適用者刪去 Delete whichever is inapplicable.