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

甲部(客戶的個人資料	半)
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\*簽發日期 \*Date of Issue \*必填 mandatory

Part A (Personal information of the customer)

			Ι				
中文姓名			*香港身份證明文件號碼				
Name in Chinese			*HK Identity Document No.		及頭 4 位數字 and first 4 digits		
*英文姓名				*性別			
*Name in English	h 姓 Surname	名 Given Name		*Sex			
乙部(客戶的行動不便情況,必須由下列簽署人士填寫)  N. (A. 1):							
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 *:							
Walidity perio			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:							
申 □ 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							
<b>丙部</b> (簽署人士	-的						
	마이팅하다) on of the certifying profession	aal)					
*於香港的註冊專業		醫生 / 物理治療師 / 職業治療師 #					
*Professional registered in Hong Kong		Doctor / Physiotherapist / Occupational Therapist #					
*所屬醫院 / 註							
*Name of Hospit	tal / Clinic / Organisation #						
*姓名		1	*聯絡電話號碼				
*Name			*Contact Phone No.				
*簽署							
*Signature			*機構蓋章				

\*Company Chop