

**FORM 1**  
**表格一**

**EMPLOYMENT ORDINANCE, CAP. 57**  
**僱傭條例（香港法例第 57 章）**

**CERTIFICATE OF AN EMPLOYEE'S PERMANENT UNFITNESS**  
**FOR A PARTICULAR TYPE OF WORK**  
**證明僱員永久不適合擔任某類工作的證明書**

Name of patient: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
病人姓名 性別 年齡

Hong Kong Identity Card No.: \_\_\_\_\_  
香港身份證號碼

The above patient has been under the medical care of the undersigned since \_\_\_\_\_ .  
上述病人自 \_\_\_\_\_ 接受下述署名人診治。

Based on the findings as revealed in today's consultation, I certify that he/ she\* is permanently unfit for his/her\*  
根據今天診視結果 我證明他／她\*因下列理由永久不適合

present job as a (job title) \_\_\_\_\_ for the following reason(s): \_\_\_\_\_  
擔任現時的工作(職位名稱)

Signature of registered  
medical practitioner/  
registered Chinese  
medicine practitioner\*: \_\_\_\_\_  
註冊醫生／註冊中醫\*  
簽署

Name in block letters: \_\_\_\_\_  
姓名(請用正楷)

Address and telephone number: \_\_\_\_\_  
地址及電話號碼

Date: \_\_\_\_\_  
日期

Official seal (if any): \_\_\_\_\_  
公章(如有)

\*Delete as appropriate.  
請刪去不適用者