Confidential

Pneumoconiosis Compensation Fund Board

Medical Surveillance Programme – Application Form

Personal Information

Name (Chinese): _____ Name (English): _____

Sex: Male ☐ Female ☐ Year of Birth: _____ Age (* 25-34 / 35 or above): _____

HKID No.: _____ (First 4 digits, eg.A123) Telephone: _____

Address: _____

Workers' Registration Card No. (At least valid for one year): _____

No of years working in Construction Industry: _____ Trade: _____

***Have you ever applied and completed the Medical Surveillance Programme? Yes ☐ No ☐

(If yes, applicants must be 36 months or more apart from the last time they completed the programme to be eligible for re-application/re-examination.)

*** Target and Qualification**

1) Hong Kong residents aged 35 or above who have been working in the construction industry for at least one year (holding a valid construction worker registration card or proof provided by a union/employer) are eligible for a check-up once every 3 years.
2) Hong Kong residents aged between 25 and 34 who are currently working in the construction industry and have been doing so for at least one year (holding a valid construction worker registration card or proof provided by a union/employer) are eligible to participate in a check-up once before reaching the age of 35.

Preferred place & time for taking the examination: (The actual time depends on the arrangement of individual clinics, and the staff will confirm the time with the applicant when making an appointment) *please put a tick "✓"in the appropriate box ☐	Jordan	Thursday ☐ (Evening) *
	Kowloon Bay	Monday Morning ☐ / Afternoon ☐ / Friday Evening ☐ * Tuesday to Saturday Morning ☐ * Sunday Morning ☐ / Afternoon ☐ *
	Tsuen Wan	Sunday Morning ☐ / Afternoon ☐ * Monday ☐ Thursday / Friday ☐ * Morning to Noon
	Tuen Mun	Sunday Morning ☐ / Afternoon ☐ *
	Tsing Yi	Monday to Friday ☐ * Morning ☐ / Afternoon ☐ / Saturday Afternoon ☐ *
	Shatin	Monday to Friday ☐ * Morning ☐ / Afternoon ☐ *
	Tseung Kwan O	Monday to Friday ☐ * Morning ☐ / Afternoon ☐ *
	Yuen Long	Tuesday to Friday ☐ * Afternoon

From what channel(s) do you know this programme:

SMS / Organization: _____ / Site Talk / Others: _____

Received Date: _____ Name of Recruiting Staff: _____

Remark：

1. I understand that if I do not meet the requirements of the programme (including re-examination), I need to pay all the fee involved at my own cost.

2. Pneumoconiosis Compensation Fund Board reserves the right to refuse any application for this programme

You can submit the completed application form by the following means:

1) In person/by post (15/F, Nam Wo Hong Building, 148 Wing Lok Street, Sheung Wan)
2) By email: msp@pcfb.org.hk
3) By fax: 2116 0116

For Office Use Only

Remark (Employment Proof) _____

Date & time of examination / / 20 , : am / pm

Place of examination Jordan / Kowloon Bay / Tsuen Wan / Tuen Mun / Tsing Yi / Shatin / Tseung Kwan O / Yuen Long

Date of notifying worker Telephone / Immediate ___ Mail___ SMS___

Consent and Authorization
to collect, use, disclose and/or transfer of personal information

Re: Voluntary Medical Surveillance Programme for Pneumoconiosis and Mesothelioma (the "Program")

I, [ ], hereby expressly give my consent to Quality HealthCare Medical Services Limited ("**QHMS**") to its collection, use, disclosure of the following information (the "**Information**") and the transfer of the Information by QHMS to the Pneumoconiosis Compensation Fund Board (the "**Board**"), hospitals, Employees' Compensation Division of the Labour Department, other medical organisations and/or such service providers as shall be assigned by the Board (collectively the "**Recipient**") for the following purposes (the "**Purposes**").

The Information
My medical records, films, test reports, personal particulars and all other information given by me to QHMS for or in connection with the services provided by QHMS under the Program, whether in electronic form or otherwise.

The Purposes

(1) Conducting a long-term medical surveillance programme for the client
(2) Preparing and conducting by QHMS and/or any of the Recipient the health educational seminars and material during the continuance of the Program and thereafter
(3) Preventing Pneumoconiosis, Mesothelioma and other occupational disease
(4) Handle compensation claims related to occupational disease
(5) Statistical and/or research purposes

Note:
1) All information will not be disclosed to worker's present and/or previous employers.
2) Workers who are eligible to participate in the following government-funded healthcare programme can inquire the relevant staff for details at the clinic.

Required item: please put a tick "✓" in the appropriate box ☐	Interested in participating	Not interested in participating or those under 50 years old
1) **Seasonal Influenza Vaccination Subsidy Scheme (Free)** *Hong Kong residents aged 50 years or above	☐	☐
2) **Colorectal Cancer Screening Programme (Free)** *Hong Kong residents aged between 50 and 75	☐	☐

I understand that I may withdraw the above consent at any time during and after the continuance of the Program. In the event that I have decided to withdraw the above consent, I will give QHMS an advance notice in writing stating the intended date of withdrawal which shall become effective at the expiry of 14 days from QHMS's receipt of the said notice of withdrawal.

Unless QHMS has received a notice of withdrawal of the above consent from me, QHMS and the Recipient may use the Information for the Purposes without any reference to me.

_____
Signature

_____
Name

_____ (First 4 digits, eg.A123)
Hong Kong ID No.

_____
Date