



醫院管理局發出的電子醫療證明書樣本  
**Samples of electronic certificates issued by Hospital Authority**

(1) 產／病假證明書 Maternity/Sick Leave Certificate

 醫院管理局 HOSPITAL AUTHORITY	<b>產／病假證明書</b> <b>Maternity/Sick Leave Certificate</b>	
病人姓名 黎XX Name of Patient LAI, XXXX	Virtual Hospital (SIT) Medical 123 ABC Road, Kwun Tong, KLN Tel. 電話: 29998888	Date 日期: 24/04/2026
編號 Case No. HN250XXXX(Z)		
茲證明:- This is to certify that:-		
<input checked="" type="checkbox"/> 病人已懷孕。 The patient is pregnant.		
<input checked="" type="checkbox"/> 病人的預產期為 The patient's expected date of confinement is: <u>30/07/2026</u>		
<input checked="" type="checkbox"/> 建議病假由 <u>24/04/2026</u> 至 <u>24/05/2026</u> 止。 Sick Leave from <u>24/04/2026</u> to <u>24/05/2026</u> inclusive is recommended.		
Doctor's signature: Digitally signed by Chan Tai Man 醫生簽名 Man	Name in Block Letters: Chan Tai Man 醫生姓名	
Date: <u>24-Apr-2026 17:00</u>		Medical Officer Department of Medicine
<b>IMPORTANT NOTES</b> 重要事項		
1. This certificate is digitally signed and shall not bear any handwritten signature or official stamp.	1. 本證明書已數碼簽署，並不需要書面簽署或機構印章。	
2. If agreed by her employer, a pregnant employee may commence her 14 weeks' maternity leave within a period of not less than 2 weeks and not more than 4 weeks before the expected date of confinement, otherwise her maternity leave commences 4 weeks immediately before the expected date of confinement.	2. 在僱主同意下，懷孕僱員可在預產期前不少於2個星期及不超過4個星期的期間內開始放取十四個星期之產假，否則她的產假須緊接預產期前的4個星期的首日開始。	
3. a. If there are any enquiries about this certificate, the patient or other parties concerned should approach the relevant clinic/hospital. b. Any request for additional information other than that contained in this certificate will be processed as a form of medical report. This will require written consent of the patient, and will be charged as a medical report. c. All written enquiries should clearly specify the points in question, and should enclose a copy of the patient's identification document and a good-quality printout/copy of the certificate(s) in question for authentication.	3. a. 如果對本證書有任何疑問，病人或其他有關方面應向相關診所或醫院查詢。 b. 如要求取得本證明書所載以外的任何額外資料，則會視作申請醫事報告處理。申請醫事報告必須得到病人的書面同意，以及繳交有關的費用。 c. 所有書面查詢必須清楚列明查詢要點，並須附有病人身份證明文件的影印本，以及有關醫生證明書的清晰列印/影印本。	
*刪去不適用者 Delete if not appropriate HA37B (CMS-Rev 12/2020) Printed on : 24/04/2026 17:00 Printed by : Chan Tai Man Page 1 of 1		

## (2) 產假證明書 Maternity Leave Certificate



醫院管理局  
HOSPITAL  
AUTHORITY

### 產假證明書 Maternity Leave Certificate



病人姓名	黎XX
Name of Patient	LAI, XXXX
編號	
Case No.	HN250XXXXX(Z)

Virtual Hospital (SIT)

Medical

123 ABC Road, Kwun Tong, KLN

Tel. 電話: 29998888

Date 日期: 24/04/2026

茲證明:-

This is to certify that:-

病人已懷孕。

The patient is pregnant.

病人的預產期為

The patient's expected date of confinement is: 30/07/2026

Midwife's signature: Digitally signed by Chan Tai

助產士簽名 Man

Date: 24-Apr-2026 17:00

Name in Block Letters:

Chan Tai Man

助產士姓名

Advanced Practice Nurse  
Department of Medicine

#### IMPORTANT NOTES

1. This certificate is digitally signed and shall not bear any handwritten signature or official stamp.
2. If agreed by her employer, a pregnant employee may commence her 14 weeks' maternity leave within a period of not less than 2 weeks and not more than 4 weeks before the expected date of confinement, otherwise her maternity leave commences 4 weeks immediately before the expected date of confinement.
3. a. If there are any enquiries about this certificate, the patient or other parties concerned should approach the relevant clinic/hospital.  
b. Any request for additional information other than that contained in this certificate will be processed as a form of medical report. This will require written consent of the patient, and will be charged as a medical report.  
c. All written enquiries should clearly specify the points in question, and should enclose a copy of the patient's identification document and a good-quality printout/copy of the certificate(s) in question for authentication.

#### 重要事項

1. 本證明書已數碼簽署，並不需要書面簽署或機構印章。
2. 在僱主同意下，懷孕僱員可在預產期前不少於2個星期及不超過4個星期的期間內開始放取十四個星期之產假，否則她的產假須緊接預產期前的4個星期的首日開始。
3. a. 如果對本證明書有任何疑問，病人或其他有關方面應向相關診所或醫院查詢。  
b. 如要求取得本證明書所載以外的任何額外資料，則會視作申請醫事報告處理。申請醫事報告必須得到病人的書面同意，以及繳交有關的費用。  
c. 所有書面查詢必須清楚列明查詢要點，並須附有病人身份證明文件的影印本，以及有關證明書的清晰列印/影印本。

\*刪去不適用者 Delete if not appropriate

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### (3) 醫生證明書 Medical Certificate



醫院管理局  
HOSPITAL  
AUTHORITY

## Medical Certificate 醫生證明書



病人姓名	黎XX
Name of Patient	LAI, XXXX
編號	
Case No.	HN250XXXX(Z)

Virtual's Hospital (SIT)

Date 日期: 24/04/2026

This is to certify that the above-named patient: 茲證明上述病人:

- (a) has attended here on N/A .  
已於 N/A 在本處診治。
- (b) has been an in-patient from 10-Apr-2026 to 24-Apr-2026 為本院住院病人。  
於 10-Apr-2026 至 24-Apr-2026
- (c) is suffering from Medical condition  
因患 Medical condition
- (d) is recommended for sick leave from 10-Apr-2026 to 10-May-2026 inclusive.  
建議給予病假由 10-Apr-2026 至 10-May-2026 止。
- (e) is required to follow up on N/A .  
須於 N/A 覆診。
- (f) is advised to avoid heavy physical duty for N/A day from the date of this certificate.  
建議由本證明書簽發日起計 N/A 日避免粗重工作。

Remarks (if any): 備註(如有):  
N/A

Digitally signed by Chan Tai Man

Doctor's signature: Date: 24-Apr-2026 17:00 Name in Block Letters: Chan Tai Man  
醫生簽名 醫生姓名 Medical Officer  
(Ward: CP5K)

#### IMPORTANT NOTES

#### 重要事項

- This certificate is digitally signed and shall not bear any handwritten signature or official stamp.
- The patient or other parties concerned can scan the QR code located at the upper right corner and verify the certificate online.
- If there are any enquiries about this certificate, the patient or other parties concerned should approach the relevant clinic/hospital.
  - Any request for additional information other than those contained in this certificate will be processed as a form of medical report. This will require written consent of the patient, and will be charged as a medical report.
  - All written enquiries should clearly specify the points in question, and should enclose a copy of the patient's identification document and a good-quality printout/copy of the certificate in question for authentication.
- 本證明書已數碼簽署，並不需要書面簽署或機構印章。
  - 病人或其他有關人士可以掃描右上角的二維碼在線核實本證明書。
  - 如果對本證明書有任何疑問，病人或其他有關人士應向相關診所或醫院查詢。
    - 如要求取得本證明書所載以外的任何額外資料，則會視作申請醫事報告處理。申請醫事報告必須得到病人的書面同意，以及繳交有關的費用。
    - 所有書面查詢必須清楚列明查詢要點，並須附有病人身份證明文件的影印本，以及有關醫生證明書的清晰列印 / 影印本。

N/A = Not Applicable (不適用)

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## (4) 應診證明書 Attendance Certificate



醫院管理局  
HOSPITAL  
AUTHORITY

### Attendance Certificate

#### 應診證明書

(This is not a medical certificate 此並非醫生證明書)



病人姓名	黎XX
Name of Patient	LAI,XXXX
編號	
Case No.	HN250XXXX(Z)

Virtual Hospital (SIT)

Medical

Tel. 電話:

This is to certify that the above-named patient has attended the Department /Clinic on  
茲證明上列病人曾在本部門接受治療/檢查，日期及時間為：

24-Apr-2026 PM  
下午

For: Medical Consultation

Service

接受: 醫療診治

服務

Remarks (if any): 備註(如有):

Signature of Doctor/Nurse/AH Professional: Issued by Chan Tai Man  
on 24-Apr-2026 17:00

醫生/護士/專職醫療人員簽名

Name in Block Letters:

Chan Tai Man

醫生/護士/專職醫療人員姓名

Medical Officer  
Department of Medicine

#### IMPORTANT NOTES

1. This certificate is computer printed and shall not bear any handwritten signature or official stamp.
2. a. If there are any enquiries about this certificate, the patient or other parties concerned should approach the relevant clinic/hospital.  
b. Any request for additional information other than those contained in this certificate will be processed as a form of medical report. This will require written consent of the patient, and will be charged as a medical report.  
c. All written enquiries should clearly specify the points in question, and should enclose a copy of the patient's identification document and a good-quality printout/copy of the certificate in question for authentication.

#### 重要事項

1. 本證明書乃電腦印發，並不需要書面簽署或機構印章。
2. a. 如果對本證書有任何疑問，病人或其他有關方面應向相關診所或醫院查詢。  
b. 如要求取得本證明書所載以外的任何額外資料，則會視作申請醫事報告處理。申請醫事報告必須得到病人的書面同意，以及繳交有關的費用。  
c. 所有書面查詢必須清楚列明查詢要點，並須附有病人身份證明文件的影印本，以及有關醫生證明書的清晰列印 / 影印本。