



《私營醫療機構條例》(第633章)
Private Healthcare Facilities Ordinance (Cap. 633)

醫院牌照申請表
Application Form for Hospital Licence

注意：
Note:

1. 填寫本表格前，請參閱私家醫院牌照申請指引 PHF(E) 14A 及私家醫院實務守則 PHF(C) 11A。
Please read the Guidance Notes for Application for Hospital Licence PHF(E) 14A and Code of Practice for Private Hospitals PHF(E) 11A before completing this form.
2. 提交申請時，必須同時提交文件清單 **PHF 15** 與清單內所有適用的文件。
Submission of application must be accompanied by **Checklist of documents PHF 15** and all applicable documents stated.
3. 請在適當的方格內 ☐ 填上「✓」號。
☒ Please tick the appropriate box.
4. *刪去不適用者。
*Delete as appropriate.

重要提示：
Important
Notice:

根據《私營醫療機構條例》(第 633 章)第 93 條，任何人在本申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，有機會構成罪行。

Under section 93 of the Private Healthcare Facilities Ordinance (Cap. 633), any person who furnishes in this application any statement or information that is false or misleading in a material particular may commit an offence.

此醫院牌照申請乃根據《私營醫療機構條例》(第 633 章)(《條例》)第 13(1)條的規定而提出。

This application for a hospital licence is made under Section 13(1) of the Private Healthcare Facilities Ordinance (Cap. 633) (“the Ordinance”).

收集個人資料聲明

Personal Information Collection Statement

收集資料的目的

Purpose of Collection

1. 衛生署在處理你根據《條例》提出申請的過程中，向你收集個人資料。你所提供的資料，除用作處理你的申請外，也會由衛生署用作以下用途：

The Department of Health (DH) collects personal data during the course of processing your application made under the Ordinance. The personal data provided will also be used by DH for the following purposes:-

- a. 執行《條例》；
facilitating the implementation of the Ordinance;
- b. 根據《條例》第 107 條設立和備存登記冊供公眾查閱；
establishing and maintaining a register under section 107 of the Ordinance for public inspection;
- c. 為執行《條例》而作出不會顯示任何個人資料的統計；及
preparing statistics for the purpose of implementing the Ordinance without showing any personal data; and
- d. 方便政府與你聯絡。
facilitating communication among the government and yourself.

2. 如你未能提供所需的資料，或所填寫的資料未能清楚顯示有關私營醫療機構符合相關申請的資格，衛生署可能無法處理有關申請。

If you fail to provide the required information or the submitted information fails to clearly indicate that the private healthcare facility fulfils the requirements for the application concerned, DH may be unable to process the application.

接受轉介人的類別

Classes of Transferees

3. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需要時，按以上第 1 項所列形式及目的向其他政府決策局／部門或有關人士披露。

The personal data you provided are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties in the form and for the purposes mentioned in item 1 above, if required.

查閱個人資料

Access to Personal Data

4. 根據《個人資料(私隱)條例》(第 486 章)第 18 條及 22 條以及附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第 1 項所述情況下所提供的個人資料的副本。本署應查閱資料要求而提供資料時，可能會徵收費用。

You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). Your right of access includes the right to obtain a copy of your personal data provided under item 1. A fee may be imposed for complying with such a data access request.

查詢

Enquiries

5. 有關所提供個人資料（包括查閱及/或修正資料）的查詢，應送交：

Enquiries concerning personal data provided, including the making of a request for access to and/or corrections of the personal data, should be addressed to:

香港太古城太古灣道 14 號
4 樓 402 室
衛生署
私營醫療機構規管辦公室
高級行政主任（私營醫療機構）
(電話查詢： 3107 8451)

Senior Executive Officer (Private Healthcare Facilities)
Office for Regulation of Private Healthcare Facilities
Department of Health
Room 402, 4/F
14 Taikoo Wan Road
Taikoo Shing, Hong Kong
(Enquiry Telephone Number : 3107 8451)

提交申請表及一般查詢

Submission of Application Form and General Enquiries

申請表應提交至：

Application form should be submitted to:

香港灣仔愛群道 32 號
愛群商業大廈 6 樓
衛生署私營醫療機構規管辦公室
牌照科

Licensing Division
Office for Regulation of Private Healthcare Facilities
Department of Health
6/F, Guardian House
32 Oi Kwan Road
Wan Chai, Hong Kong

一般查詢，可用以下方式與本辦公室聯絡：

Application form should be submitted to:

電話 Tel : 3107 8451
傳真 Fax : 2126 7515
電郵 eMail : orphf@dh.gov.hk
網址 Website : www.orphf.gov.hk

第一部分 醫院的詳情
Section I *Particulars of Hospital*

- a. 醫院中文名稱：
Name of the Hospital in Chinese:

- b. 醫院英文名稱：
Name of the Hospital in English:

- c. 醫院中文地址[#] (下稱“醫院處所”)：
Address of the Hospital in Chinese[#] (referred to hereinafter as “the premises of the hospital”):

1. 香港/九龍/新界*

地區: _____

街道名稱/號碼: _____

大廈/座: _____

樓層: _____ 室/鋪: _____

2. 香港/九龍/新界*

地區: _____

街道名稱/號碼: _____

大廈/座: _____

樓層: _____ 室/鋪: _____

[#] 如填寫地址的空間不夠，請加用附頁

[#] Please use separate sheet if space is insufficient to fill in the addresses

d. 醫院英文地址[#] (下稱“醫院處所”) :
Address of the Hospital in English[#] (referred to hereinafter as “the premises of the Hospital”):

1. Flat/Room/Shop: _____ Floor: _____
Building/Block: _____
Number and Name of Road/Street: _____
District: _____
Hong Kong/Kowloon/New Territories*

2. Flat/Room/Shop: _____ Floor: _____
Building/Block: _____
Number and Name of Road/Street: _____
District: _____
Hong Kong/Kowloon/New Territories*

[#] 如填寫地址的空間不夠，請加用附頁

[#] Please use separate sheet if space is insufficient to fill in the addresses

e. 醫院電話號碼：
Telephone number of the Hospital:

f. 醫院傳真號碼：
Fax number of the Hospital:

g. 醫院電郵地址：
E-mail address of the Hospital:

h. 醫院預計開始營運日期：
Intended date of commencement of operation of the Hospital:

- i. 醫院處所預計提供的服務規模及範圍(包括下述表 1 至表 4 所列的全部資料)：
Scale and scope of service intended to be provided in the premises of the Hospital
(including all information listed in Tables 1 to 4 below)

表 Table 1： 住院病牀數目
Number of in-patient beds

項目 Item No.	臨牀部門/服務 Clinical Department/Services		住院病牀數目 Number of In-patient Beds
A.	住院病牀的臨牀服務 Clinical Services with Provision of In-patient Beds		
A1.	深切治療及加護治療 Intensive and high dependency care	深切治療病房 Intensive Care Unit ¹	牀： Bed(s):
		加護病房 High Dependency Unit ²	牀： Bed(s):
		初生嬰兒深切治療病房 Neonatal Intensive Care Unit	牀： Bed(s):
A2.	產科及育嬰室 Maternity unit and nursery	產科病房 Maternity Unit	牀： Bed(s):
		嬰兒牀 Baby Cot	嬰兒牀： Cot(s):
A3.	兒科 Paediatrics Service	兒科及初生嬰兒病房 Paediatrics and Neonatal Unit ³	牀： Bed(s):
A4.	除 A1 至 A3 項外，其他住院病牀的臨牀服務 (例如：內科、外科、骨科、婦科、精神科、混合病房) Other Clinical Services with Provision of In-patient Beds (e.g. Medicine, Surgery, Orthopaedics, Gynaecology, Psychiatry, Mixed Ward) excluding items A1 to A3 above		牀： Bed(s):
A5.	小結 (住院病牀總數)* Subtotal (Total number of in-patient Beds)* *Sum of A1 to A4 * A1 至 A4 的總和		牀： Bed(s):

¹ 包括重症監護單位及兒科深切治療部 Include critical care units and paediatric ICU

² 包括特別護理病房、心臟加護病房及新生嬰兒特別護理病房 Include special care units, coronary care units and special care baby units

³ A2 項嬰兒牀除外 Exclude baby cots in item A2

表 Table 1 (續/cont.) : 日間病牀數目
Number of day beds

項目 Item No.	臨牀部門/服務 Clinical Department/Services	日間病牀數目 Number of Day Beds
B.	日間病牀的臨牀服務 Clinical Services with Provision of Day Beds	
B1.	血液透析服務 Haemodialysis service	牀/椅: Bed(s)/Chairs:
B2.	化學治療服務 Chemotherapy service	牀/椅: Bed(s)/Chairs:
B3.	日間病房(日間手術/日間醫療服務) Day Ward (Day Surgery or day procedure ⁴ service)	牀/椅: Bed(s)/Chairs ⁵ :
B4.	急症室服務 (觀察病房) Accident and emergency service (observation ward)	牀: Bed(s) ⁶ :
B5.	小結 (日間病牀總數)* Subtotal (Total number of Day Beds)* *Sum of B1 to B4 * B1 至 B4 的總和	牀/椅: Bed(s)/Chairs:
C.	包含於本牌照申請中的醫院處所的總病牀數目 (只包括所有列於表 1 的住院病牀及日間病牀(A5 及 B5 的總和)) <u>Total number of beds in the premises of the Hospital included in this application for licence (including all in-patient and day beds as listed in Table 1 only (Sum of total of A5 and B5))</u>	牀/Beds

⁴ 包括婦科、骨科、眼科、體外受孕中心及其他進行醫療程序的專科 Include gynaecology, orthopaedics, ophthalmology, IVF Centre and other specialties which day procedures are performed

⁵ 復甦病牀除外 Exclude recovery beds

⁶ 診症室、治療室或急救間內的病牀除外 Exclude beds in consultation rooms, treatment rooms or resuscitation bays

表 Table 2： 備有特別設施的臨牀服務
Clinical Services with Special Facilities

項目 Item No.	臨牀服務名稱 Name of Clinical Service		程序房間/病牀 數目 Number of Procedure Beds/ Rooms
A.	產科服務（產房） Obstetric Service (Delivery Suites)		牀： Bed(s) ⁷ :
B.	外科服務 Surgical Service	手術室 Operating Room	房間： Room(s):
		復甦病牀 Recovery bed ⁸	牀： Bed(s):
C.	內窺鏡服務 Endoscopy Service ⁹	C1. 支氣管鏡房間 Bronchoscopy room	房間： Room(s):
		C2. 其他內窺鏡（支氣管鏡服務除外） 房間 Other endoscopy ¹⁰ (excluding bronchoscopy) room	房間： Room(s):
		復甦病牀 Recovery bed ⁸	牀： Bed(s):
D.	放射診斷服務 Radiology Service	D1. 介入放射程序房間 Interventional Radiology room	
		(a) 血管攝影 Angiography ¹¹	房間： Room(s):
		(b) 其他介入放射程序 Other Interventional Radiology procedures ¹²	房間： Room(s):
		D2. 診斷造影(磁力共振掃描)房間 Diagnostic Imaging (Magnetic Resonance Imaging) room	房間： Room(s):
		復甦病牀 Recovery bed ⁸	牀： Bed(s):

⁷ 醫院的總病牀數目並不計算產牀在內 Delivery beds are not counted towards total number of hospital beds

⁸ 醫院的總病牀數目並不計算麻醉後復甦病牀在內 Post-anaesthesia recovery beds are not counted towards total number of hospital beds

⁹ 可於普通病牀或診症室進行的內窺鏡程序除外(例如鼻鏡、喉鏡、直腸鏡、診斷用膀胱鏡) Excluding endoscopic procedures that could be performed at bedside or in consultation room (e.g. rhinoscopy, laryngoscopy, proctoscopy, diagnostic cystoscopy)

¹⁰ 主要用於內窺鏡程序的房間(支氣管鏡除外) Rooms primarily used for endoscopy (excluding bronchoscopy)

¹¹ 包括任何需要影像導航及通過血管置入導管或裝置的介入程序，例如動脈造影、血管支架術和心臟導管插入術 Include any intervention with insertion of catheters or equipment through the blood vessels guided by imaging e.g. arteriogram, vascular stenting, cardiac catheterisation

¹² 包括香港放射科醫學院歸類為介入放射專科「先進檢查」的任何其他程序 Include any other procedures classified as “advanced examinations” under the subspecialty of interventional radiology by the Hong Kong College of Radiologist

表 Table 2 (續/cont.): 備有特別設施的臨牀服務
Clinical Services with Special Facilities

項目 Item No	臨牀服務名稱 Name of Clinical Service		程序房間/病牀數目 Number of Procedure Beds/ Rooms
E.	體外衝擊波碎石術服務 Lithotripsy Service	程序房間 Procedure Room	房間: Room(s):
		復甦病牀 Recovery bed ⁸	牀: Bed(s):
F.	放射治療服務 Radiotherapy Service ¹³	程序房間 Procedure Room	房間: Room(s):
		復甦病牀 Recovery bed ⁸	牀: Bed(s):
G.	牙科服務 Dental Service	牙科診症室 Dental Surgery	房間: Room(s):
		復甦病牀 Recovery bed ⁸	牀: Bed(s):
H.	急症室服務 (急救間) Accident and Emergency Service (Resuscitation Bay)		間: Bay(s):
I.	設有特殊通風系統的隔離室 Isolation room with specialized ventilation setting		房間: Room(s):

表 Table 3: 其他臨牀服務
Other Clinical Services

項目 Item No	臨牀服務名稱 Name of Clinical Service	
A.	醫生門診服務 Out-patient service by medical practitioner(s)	是 Yes / 否 No*
B.	中醫門診服務 Out-patient service by Chinese medicine practitioner(s)	是 Yes / 否 No*
C.	物理治療服務 Physiotherapy service	是 Yes / 否 No*

¹³ 包括放射手術 Include radiosurgery

表 Table 4： 臨牀支援服務
Clinical Support Services

項目 Item No	臨牀支援服務名稱 Name of Clinical Support Service		位置/房間 數目 Number of Locations/ Rooms
A.	藥房(包括藥倉) Pharmacy (including drug store)	是 Yes / 否 No*	位置: Location(s):
B.	無菌製劑配製服務 Aseptic Preparation Service		
	B1. 處理細胞和組織(包括幹細胞實驗室) Cell and tissue processing (including stem cell laboratory)	是 Yes / 否 No*	房間 ¹⁴ : Room(s):
	B2. 調配化療藥物 Cytotoxic drug reconstitution	是 Yes / 否 No*	房間 ¹⁴ : Room(s):
	B3. 製作放射性同位素注射劑 (包括迴旋加速器單位) Radioisotope injection preparation (including cyclotron unit)	是 Yes / 否 No*	房間 ¹⁴ : Room(s):
	B4. 其他(包括靜脈注射營養液及其他無菌藥物製劑) Others (including total parenteral nutrition or sterile drug preparation)	是 Yes / 否 No*	房間 ¹⁴ : Room(s):
C.	病理服務 Pathology Service		
	C1. 一般病理服務 General pathology service	是 Yes / 否 No*	不適用 NA
	C2. 三級生物安全水平或以上的醫務化驗室 Medical laboratory at biosafety level 3 or above	是 Yes / 否 No*	房間: Room(s):
D.	血庫 Blood bank ¹⁵	是 Yes / 否 No*	不適用 NA
E.	中央醫療及手術儀器消毒處理間 Central processing facility for sterilisation of medical and surgical instruments	是 Yes / 否 No*	位置: Location(s):
F.	殮房 Mortuary	是 Yes / 否 No*	不適用 NA

¹⁴ 指實際進行無菌製劑配製/調配的房間，即使它位於藥房服務地點內。Referring to the room(s) where the aseptic preparation/reconstitution is actually conducted, even if it is located inside the pharmacy service location.

¹⁵ 貯存血液專用區 Dedicated blood storage area

第二部分 申請人的資料

Section II *Particulars of applicant*

- a. 申請人所屬團體類別 (請在適當的方格內加上「✓」號，並根據 PHF 15 提供指定文件)：

Type of Organisation (Please tick the box as appropriate and provide the required document(s) as set out in PHF 15) :

- | | |
|--------------------------------------|--------------------------|
| 1. 法定機構 Statutory Body | <input type="checkbox"/> |
| 2. 公司 Company | <input type="checkbox"/> |
| 3. 其他法人團體(並非以上項目 1 或 2 的團體)
(請述明) | <input type="checkbox"/> |

Other Body Corporate (other than those
under items 1 and 2 above)
(Please specify) _____

- b. 請按所屬團體類別填寫下列其中一項(請在適當的方格內加上「✓」號):
Please fill in one of the fields below according to the type of organisation (Please tick the box as appropriate):

- ☐ 商業登記號碼

Business Registration Number _____

- ☐ 成為法定機構或其他法人團體所依據的
法例 (如適用)

The Ordinance by which the Statutory
Body / Other Body Corporate is
established (if applicable) _____

- c. 團體中文名稱：

Name of the Organisation in Chinese:

- d. 團體英文名稱：

Name of the Organisation in English:

- e. 公司註冊辦事處 / 團體中文地址：
Address of the Company's registered office / Organisation (Chinese):

香港/九龍/新界*

地區: _____

街道名稱/號碼: _____

大廈/座: _____

樓層: _____ 室/舖: _____

- f. 公司註冊辦事處 / 團體英文地址：
Address of the Company's registered office / Organisation (English):

Flat/Room/Shop: _____ Floor: _____

Building/Block: _____

Number and Name of Road/Street: _____

District: _____

Hong Kong/Kowloon/New Territories*

- g. 電話號碼：
Telephone Number

- h. 傳真號碼：
Fax Number

- i. 電郵地址：
E-mail address

j. 就本申請獲授權的代表的資料：

Particulars of the Authorized Representative of the Applicant for this Application:

1. 中文全名(須與香港身份證所示姓名相同)：

Full name in Chinese (must be the same as the one shown on Hong Kong Identity Card):

先生 / 女士 / 醫生*

2. 英文全名(須與香港身份證所示姓名相同)：

Full name in English (must be the same as the one shown on Hong Kong Identity Card):

Mr / Ms / Dr*

Surname first, then other names

3. 在公司 / 團體的職位：

Position in the Company / Organisation:

4. 香港身份證號碼：

Hong Kong Identity Card Number:

5. 電話號碼：

Telephone Number:

6. 傳真號碼：

Fax number:

7. 電郵地址：

E-mail address:

第三部分 獲委任的醫務行政總監的資料

Section III *Particulars of Chief Medical Executive appointed*

- a. 醫務行政總監的中文全名(須與香港身份證所示姓名相同)：

醫生

- b. Full name of the Chief Medical Executive in English (must be the same as the one shown on Hong Kong Identity Card):

Dr _____

Surname first, then other names

- c. 香港身份證號碼：

Hong Kong Identity Card Number: _____

- d. 根據《醫生註冊條例》(第 161 章)註冊的
註冊編號：

Registration Number under Medical
Registration Ordinance (Cap. 161): _____

- e. 根據《醫生註冊條例》(第 161 章)首次註
冊年份：

Year of First Registration under Medical
Registration Ordinance (Cap. 161): _____

- f. 電話號碼： _____ (手提) _____ (辦公室)

Telephone Number: Mobile Office

- g. 傳真號碼：

Fax number: _____

- h. 電郵地址：

E-mail address: _____

第四部分 申請人聲明

Section IV Declaration of Applicant

本人，為.....的獲授權代表，謹此聲明：

(公司/法定機構/法人團體全名)

I, being the Authorized Representative of

(Name of Company/Statutory Body/Body Corporate)

hereby declare that

1. 本申請所填報的醫院(“本醫院”)處所的用途是符合相關的政府租契的條款的。本人 / 吾等明白此乃本人 / 吾等的責任確保本醫院處所的用途符合任何有關條例及規例。

The use of the premises of the Hospital under this application (“this Hospital”) complies with the conditions of the Government lease concerned and I / we understand that it is my / our responsibility to ascertain that the use of the premises of this Hospital is in compliance with any relevant Ordinances and Regulations.

2. 本人 / 吾等亦已閱讀並同意「收集個人資料聲明」。

I / we have read and agree to the “Personal Information Collection Statement”.

3. 獲委任的醫務行政總監已符合《條例》第 51 及 52 條有關醫務行政總監的規定。如獲委任的醫務行政總監於任何時間不符合上述規定，本人 / 吾等將確保儘快委任替代的醫務行政總監，並根據《條例》第 49(4)條的規定於有關變動發生的 14 天內以書面通知衛生署私營醫療機構規管辦公室。

The Chief Medical Executive appointed has satisfied the requirements for chief medical executive as stipulated in sections 51 and 52 of the Ordinance. If at any time the Chief Medical Executive appointed no longer satisfies the above-mentioned requirements, I / we will ensure that the Chief Medical Executive in replacement will be appointed as soon as possible, and notify the Office for Regulation of Private Healthcare Facilities of the Department of Health in writing of the change within 14 days after the change has occurred as stipulated under section 49(4) of the Ordinance.

4. 本人 / 吾等明白就本申請所提交的聲明書(包括 PHF 16、PHF 17 及 PHF 18 申請人、公司及法人團體各董事及關涉管理法人團體的任何成員或高級人員的聲明書)內任何資料須要更新或更正時，本人 / 吾等會於得悉該資料改動後 14 天內以書面通知衛生署私營醫療機構規管辦公室。

I / we understand that when there are any updates or corrections of the information in the declarations submitted for this application (including those declarations made by the applicant, each director of the company/body corporate and any of the members or officers of the body corporate concerned in the management of the body corporate in PHF 16, PHF 17 & PHF 18), I / we shall notify the Office for Regulation of Private Healthcare Facilities of the Department of Health in writing of the change within 14 days upon knowledge of the change in information.

5. 本人 / 吾等明白本醫院的持牌人，須為本醫院的運作負上全部責任，包括確保醫院遵守或遵從《條例》、有關牌照的條件、醫院實務守則及衛生署署長就醫院發出的指示。

I / we understand that the licensee of this Hospital is wholly responsible for the operation of this Hospital, including ensuring the hospital's compliance with the Ordinance, conditions of the licence, code of practice for hospital and any directions given by the Director of Health for hospitals.

6. 據本人 / 吾等所知，本表格內所填報和就本申請提交的資料均屬真確無訛。關於不時就本申請向政府提供的所有相關資料及文件(不論是否我們管有的資料)，本人 / 吾等將確保此等資料及文件在各方面均屬真實、最新的、準確及完整。本人 / 吾等明白根據《條例》第 93 條的規定，任何人在本申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，有機會構成罪行。

The information provided in this application form and submitted for this application is true and correct to the best of my / our knowledge. I / We will ensure that all information and documents to be provided to the Government from time to time in relation to the application (whether in our possession or not) are true, up-to-date, accurate and complete in all respects. I / We understand that according to section 93 of the Ordinance, any person who furnishes in this application any statement or information that is false or misleading in a material particular may commit an offence.

獲授權代表簽署 (代表申請人)
Signature of Authorized Representative
(for and on behalf of applicant)

申請人(公司/團體)印鑑
Company / Organisation Chop of the
applicant

日期：
Date



《私營醫療機構條例》(第633章) 醫院牌照申請
Application for Hospital Licence
under the Private Healthcare Facilities Ordinance (Cap. 633)

文件清單
Checklist of documents

請在適當的方格內□填上「✓」號並提供指定的項目。
Please tick as appropriate and provide the required items

甲部 - 有關申請人的資料:

Part A - Information relating to the applicant:

項目編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
1.	<p>以下已填妥及簽署/蓋章的表格: Completed and signed/stamped of the following forms:</p> <p>(i) 醫院牌照申請表 PHF 14 Application Form for Hospital Licence PHF 14</p> <p>(ii) 申請人聲明書 PHF 16 Declaration by the Applicant PHF 16</p> <p>(iii) 申請人各董事/高級人員聲明書: Declaration by each Director/Officer of the Applicant:</p> <ul style="list-style-type: none"> 申請人的董事/高級人員聲明書 PHF 17 Declaration by Director/Officer of the Applicant PHF 17 申請人的董事乃公司/法人團體聲明書 PHF 18 Declaration by Director of the Applicant which is a Company or Body Corporate PHF 18 <p>(iv) 醫院醫務行政總監聲明書 PHF 19 Declaration by the Chief Medical Executive of a Hospital PHF 19</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
2.	<p>獲申請人授權作為代表申請醫院牌照的有關證明文件(包括由公司或法人團體的董事會通過有關授權的書面決議) Documentation substantiating authorization for the authorized representative to represent the applicant in the application for hospital licence (including a resolution in writing passed by the Board of Directors of the company or body corporate relating to the authorization)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

申請人請參閱以下所屬類別提交指定文件(請在適當的方格內加上「✓」號) –
 Applicants please refer to the following categories to provide the required items (Please tick the boxes as appropriate) –

申請人類別 Category of Applicant	指定文件 Required items
法定機構 Statutory body	項目編號 3 Item No. 3
公司 Company	項目編號 4 Item Nos. 4
並非公司或法定機構的其他法人團體 A body corporate other than company or statutory body	項目編號 5 至 6 Item Nos. 5 to 6

項目編號 Item No.	如申請人屬法定機構: If the applicant is a statutory body:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
		<input type="checkbox"/> 適用 applicable	<input type="checkbox"/> 適用 applicable <input type="checkbox"/> 不適用 Not applicable
3.	根據有關法定機構的法例成立董事會的董事名單副本 Copy of the list of Directors of the Board of Directors established under the relevant ordinance	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
項目編號 Item No.	如申請人屬公司: If the applicant is a company:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
		<input type="checkbox"/> 適用 applicable	<input type="checkbox"/> 適用 applicable <input type="checkbox"/> 不適用 Not applicable
4.	董事名單副本 (例如由公司註冊處所發之表格 NAR1) Copy of Director's List (e.g. "Form NAR1" from the Companies Registry)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

項目編號 Item No.	如申請人屬並非公司或法定機構的其他法人團體: If the applicant is a body corporate other than a company or statutory body:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
		<input type="checkbox"/> 適用	<input type="checkbox"/> 適用

		applicable	applicable <input type="checkbox"/> 不適用 Not applicable
5.	根據相關條例註冊為法人團體的證明文件的副本 Copy of valid documentary proof of registration / incorporation as a body corporate under the relevant ordinance	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
6.	申請人的董事或關涉管理該法人團體的任何成員或高級人員的名單副本 Copy of the list of directors of the applicant, or any of the members or officers involved in its management	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

乙部 - 有關醫院的資料:

Part B - Information about the hospital :

項目 編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
7.	已填妥的醫院牌照申請報告 PHF 110 Completed "Report for Application for Hospital Licence" PHF 110	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
8.	醫院處所平面佈置圖: Layout plans of the premises of the hospital : (i) 每層圖則以不小於 1:200 比例繪製; 及 Layout plan of each floor of the premises of the hospital drawn to the scale of not less than 1:200; and (ii) 每個服務/單位圖則(包括所有臨牀及輔助服務/單位) 以不小於 1:100 比例繪製 Layout plan of each service/unit (including all clinical and supporting services/units) of the premises of the hospital drawn to the scale of not less than 1:100 註: 詳細要求請參考申請指引 Note : Please refer to the Guidance Notes for detailed requirements.	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
9.	上述編號 8 所指並採用 Portable Document Format (PDF) 格式的醫院處所平面佈置圖的電子副本 Electronic copy of the layout plan of the hospital premises specified in item 8 above in Portable Document Format (PDF).	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

項目 編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
10.	屋宇署或其他獲授權的機構發出的批核文件以證明一般建築圖則已獲批准 Approval document for general building plan issued by the Buildings Department or other authorized parties	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
11.	建築事務監督發出同意展開及開始進行建築工程的文件 Consent for commencement and carrying out of Building Works issued by the Building Authority	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
12.	由電力工程界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的設計證明書，證明醫院的電力裝置乃根據相關的國際認可標準及私家醫院實務守則的要求而設計 A certificate of design in prescribed form issued by a Registered Professional Engineer of the electrical discipline or building services discipline that the electrical installations in the hospital have been designed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and the requirements of the Code of Practice for Private Hospitals.	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

項目編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
13.	主電力系統簡圖 Main electrical system schematic diagram(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
14.	包括關鍵醫護區的個別服務的電力裝置簡圖 Schematic diagram(s) of electrical installation(s) for individual service(s) with critical care area(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
15.	主要電力設備布置圖 Main electrical equipment layout plan	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
16.	包括關鍵醫護區的個別服務的電力裝置布置圖 Layout plan(s) of electrical installation(s) for individual service(s) with critical care area(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
17.	<p>由電力工程界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的符合規格證明書，證明醫院關鍵醫護區的電力裝置乃根據相關的國際認可標準設計、安裝及完成，符合私家醫院實務守則的規定</p> <p>A certificate of compliance in prescribed form issued by a Registered Professional Engineer of the electrical discipline or building services discipline that the electrical installations in the critical care areas of the hospital have been designed, installed and completed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and comply with the requirements of the Code of Practice for Private Hospitals.</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable

項目編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
18.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的設計證明書，證明醫院的通風及空調系統乃根據相關的國際認可標準及私家醫院實務守則的要求而設計</p> <p>A certificate of design in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline that the ventilation and air-conditioning systems in the hospital have been designed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and the requirements of the Code of Practice for Private Hospitals.</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
19.	<p>主通風及空調系統空氣側及水側簡圖</p> <p>Main ventilation and air-conditioning system air-side and water-side schematic diagram(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
20.	<p>個別服務的特殊通風系統空氣側簡圖</p> <p>Air-side schematic diagram(s) for individual service(s) with specialized ventilation systems</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
21.	<p>主要通風及空調設備布置圖</p> <p>Main ventilation and air-conditioning equipment layout plan</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
22.	<p>個別服務的特殊通風系統布置圖</p> <p>Layout plan(s) of specialized ventilation system(s) for individual service(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
23.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的符合規格證明書，證明醫院的特殊通風系統乃根據相關的國際認可標準設計、安裝及完成，符合私家醫院實務守則的規定</p> <p>A certificate of compliance in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline that the specialized ventilation systems of the hospital have been designed, installed and completed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and comply with the requirements of the Code of Practice for Private Hospitals.</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable

項目 編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
24.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的設計證明書，證明醫院的醫療氣體管道系統乃根據相關的國際認可標準及私家醫院實務守則的要求設計</p> <p>A certificate of design in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline that the medical gas pipeline systems in the hospital have been designed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and the requirements of the Code of Practice for Private Hospitals.</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
25.	<p>醫療氣體管道系統的總簡圖</p> <p>Main schematic diagram(s) of the medical gas pipeline systems</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
26.	<p>個別服務的醫療氣體管道系統簡圖</p> <p>Schematic diagram(s) of medical gas pipeline system(s) for individual service(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
27.	<p>主要醫療氣體管道系統設備布置圖</p> <p>Main medical gas pipeline system equipment layout plan</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
28.	<p>個別服務的醫療氣體管道系統布置圖</p> <p>Layout plan(s) of medical gas pipeline system(s) for individual service(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

項目編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
29.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的符合規格證明書，證明醫院的醫療氣體管道系統乃根據相關的國際認可標準設計、安裝及完成，符合私家醫院實務守則的規定</p> <p>A certificate of compliance in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline that the medical gas pipeline systems of the hospital have been designed, installed and completed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and comply with the requirements of the Code of Practice for Private Hospitals.</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 Not applicable</p>
30.	<p>如有提交申請意向書，任何衛生署發出的相關指定文件</p> <p>Any other relevant document(s) stated in the specified list of document issued by DH if a Letter of Intent was submitted</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 Not applicable</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 Not applicable</p>

項目 編號 Item No.	如所提供的服務涉及注射製品的無菌注射製劑配製服務： If services provided involve <u>aseptic preparation service for injectable products</u>:	供申請人使用 Checked by Applicant <input type="checkbox"/> 不適用 Not applicable	供內部填寫 Official Use Only <input type="checkbox"/> 不適用 Not applicable
31.	<p>國際認可第三方無塵房潔淨驗收報告，以證明符合相關的無塵房標準(例如符合歐盟 GMP A 級或 ISO 5 級環境空氣潔淨度(以微塵粒子計算))</p> <p>Cleanroom certification report issued by an internationally recognized third party (e.g. meeting European Union GMP grade A environment or ISO Class 5 of air cleanliness by particle concentration)</p> <p>註：必須於實地視察至少 10 個工作天前提交</p> <p>Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交 Not applicable (to be submitted before inspection) 或 or <input type="checkbox"/> 不適用 Not applicable	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable
32.	<p>無塵房的微生物檢測報告，以證明符合國際認可的無塵房相關標準</p> <p>Microbial testing reports showing compliance with requirements for the relevant clean room(s) in accordance with international standards</p> <p>註：必須於實地視察至少 10 個工作天前提交</p> <p>Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection) 或 or <input type="checkbox"/> 不適用 Not applicable	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable

項目編號 Item No.	如所提供的服務涉及注射製品的無菌注射製劑配製服務： If services provided involve <u>aseptic preparation service for injectable products</u>:	供申請人使用 Checked by Applicant <input type="checkbox"/> 不適用 Not applicable	供內部填寫 Official Use Only <input type="checkbox"/> 不適用 Not applicable
33.	<p>無菌製劑配製設備設施(例如生物安全櫃、製藥用隔離器)測試報告，以證明符合國際認可相關的無菌製劑儀器標準(例如符合歐盟 GMP A 級或 ISO 5 級環境空氣潔淨度(以微塵粒子計算))</p> <p>Acceptance reports for equipment for aseptic preparation (e.g. biosafety cabinets and pharmaceutical isolators) showing compliance with internationally acceptable standards (e.g. meeting European Union GMP grade A environment or ISO Class 5 of air cleanliness by particle concentration)</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable
34.	<p>無菌製劑配製設備的微生物檢測報告，以證明符合國際認可的無菌製劑配製設備相關標準，例如：生物安全櫃和藥品隔離器</p> <p>Microbial testing reports showing compliance with the relevant requirements for equipment for aseptic preparation (e.g. biosafety cabinets and pharmaceutical isolators) in accordance with international standards</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable