

**PERSONAL DATA**

**Medical Examination Report for  
Security Personnel Permit Applicant/Holder**

**Important:** This medical examination report must be issued within 4 months before the date the applicant/permit holder submits the application.

**PART I : PERSONAL PARTICULARS OF APPLICANT/PERMIT HOLDER**

Name : \_\_\_\_\_ Permit Category : \*A / B / C (\*Delete as appropriate)  
(In Block Letters)

Date of birth : \_\_\_\_\_ Sex : \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Address : \_\_\_\_\_ Tel No. : \_\_\_\_\_

**PART II : MEDICAL HISTORY/CONDITION**

*(to be completed with the assistance of the attending medical practitioner)*

**Have you had any illness which requires hospitalisation or long-term treatment? YES/NO**  
*(See Note (1) on page 4)*

**If yes, please provide details.**

**Have you had any symptom which prevents you from your work? YES/NO**  
*(See Note (2) on page 4)*

**If yes, please provide details.**

I declare that all questions concerning my past illnesses and present health have been answered truthfully and that I have not withheld any information about my health.

Hospital / Clinic Stamp :

Signature .....

(Applicant)

Note: If the applicant or permit holder is 65 years of age or above, he/she must produce a medical certificate issued by a registered medical practitioner every two years to certify that he/she is fit to undertake the duties required.

**PART III : ASSESSMENT**

*(to be completed by the medical practitioner having regard to the duties and responsibilities of different categories of security work on page 3.)*

	<b>No</b>	<b>Yes</b>	<b>Remarks</b>
1. Eye-sight: Any eye disease or disorder that will lead to eye-sight below 6/36 (for Cat. A work), 6/24 (Cat. B) or 6/18 (Cat. C) on the Snellen's Chart with the aid of corrective lenses, if worn?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Mental State: Any psychotic illnesses including senile or vascular degeneration of the central nervous system, schizophrenia, schizophrenia like disorders and bipolar mood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Drug Addiction Any sign of dangerous drug addiction? (If yes, please indicate whether the applicant/ permit holder is under treatment.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Balance and Coordination: Any disease or disorder leading to sudden attacks of disabling giddiness or fainting such as uncontrolled hypertension, cerebellar disorder, severe anaemia, heart-block and serious asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Hearing: Any disease or disorder of the ear causing deafness (for Cat. A/B) or significant hearing loss (for Cat. C)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Speech: Any disease or disorder affecting coherence of speech?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Physical Disability: Any physical disabilities, paralysis in or dismemberment of any limbs that may affect the performance of the type of security work being applied for/undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Cardiovascular System: Any sign of irregularities that may affect the performance of the type of security work being applied for/undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Pulmonary: Any sign of irregularities that may affect the performance of the type of security work being applied for/undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Suitability:**

Is the applicant/permit holder medically fit to do security work? \*YES/NO (\*Delete as appropriate)

Other remarks : \_\_\_\_\_  
\_\_\_\_\_

Date of Examination : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YY)

Signed : \_\_\_\_\_  
(Registered Medical Practitioner)

Address : \_\_\_\_\_  
\_\_\_\_\_

Name : \_\_\_\_\_  
(In Block Letters)

Tel. no. : \_\_\_\_\_

Hospital / Clinic Stamp :

**Description of Security Work**  
**Major Duties and Responsibilities**

**Category A - Guarding work restricted to a “single private residential building”, the performance of which does not require the carrying of arms and ammunition. (See Note (3) on page 4)**

- (a) Prevent unauthorized access to the properties.
- (b) Report and record incidents verbally or in writing.
- (c) Be alert at all times and able to identify risks.
- (d) Take appropriate actions in emergencies, e.g. fire, burglary, typhoon, landslide and other disasters, operate fire services installations and other emergency equipment when required, inform residents and report to the police.
- (e) Take necessary action to ensure that smoke stop doors are closed and fire escapes are free from obstruction, etc.

**Category B - Guarding work in respect of any persons, premises or properties, the performance of which does not require the carrying of arms and ammunition and which does not fall within Category A**

Basically the same as Category A but more demanding and with greater responsibilities as the security personnel may be required to guard all types of premises (including commercial, industrial, residential, shopping centres, hotels, etc.) and/or buildings with heavy traffic of people, large number of units and access points. Moreover, Category B permit holders should patrol the premises and properties.

**Category C - Guarding work, the performance of which requires the carrying of arms and ammunition**

- (a) Collect and deliver valuable properties or cash in transit.
- (b) Be able to respond in the event of emergencies.
- (c) Be able to maintain a secure and safe environment for transit operations.
- (d) Patrol and static guarding in banks, jewellery shops, etc.
- (e) Be alert at all times and able to identify risks.

**Note :**

The following are examples of illnesses and symptoms :

(1) Illnesses may include :

Anaemia	Drug Addiction	Haematemesis
Peptic ulcer	Syphilis	Asthma
Ear Disease	Mental Disease	Pleurisy
Tuberculosis	Diabetes	Fits
Paralysis	Rheumatism	

(2) Symptoms may include :

Palpitation	Chest pain
Breathlessness	Spitting of blood
Swelling of ankles	Fainting attacks or fits
Cough	Dizziness
Blurring of vision	Blood in urine
Piles or blood in stool	

(3) A single private residential building means an independent\* structure:-

- (a) covered by a roof and enclosed by walls extending from the foundation to the roof, and
- (b) used substantially for private residential purpose; and
- (c) with only one main access point<sup>+</sup>.

\* A building is considered to be independent from another if on most of the floors, one cannot get access to the quarters on the same floor in the other building without going to an upper/lower floor, roof or the street.

<sup>+</sup> 'Main access point' means the entrance gate or lift lobby or staircase commonly used by residents to gain access to their flats. This excludes emergency and fire exit.

**APPLICATION FOR SECURITY PERSONNEL PERMIT**  
**申請保安人員許可證**  
**- PROVISION OF PERSONAL DATA -**  
**提供個人資料**

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**Purpose of Collection 收集資料的目的**

1. The personal data provided by means of this form will be used by the Hong Kong Police Force for facilitating processing of applications/record purpose/record update/all kinds of present and subsequent investigations as well as the enforcement of related permit conditions for security personnel permit under the Security and Guarding Services Ordinance, Cap. 460.  
香港警務處會把申請表上填報的個人資料，作下列用途：辦理申請人按照《保安及護衛服務條例》(第460章)而提出的保安人員許可證申請 / 記錄存檔 / 更新記錄 / 現階段及日後的一切調查工作，以及執行有關的發證條件。
2. The provision of personal data by means of this form is voluntary. If you do not provide sufficient information, we may not be able to process your applications/update your record.  
在本表格上提供個人資料，純屬自願性質。若資料不足，本處可能無法辦理你的申請 / 更新你的記錄。
3. Any material falsification or omission of information may result in the Commissioner's refusal to give approval.  
若虛報或漏報重要資料，警務處處長可拒絕有關申請。

**Classes of Transferees 獲轉授資料的機構的類別**

4. The personal data you provide by means of this form may be disclosed to other government departments and public or private organizations for the purpose mentioned in paragraph (1) above.  
本處可能會向其他政府部門及公營或私營機構披露表格上填報的個人資料，以作上文第一段所載的用途。

**Access to Personal Data 查閱個人資料**

5. You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.  
根據《個人資料(私隱)條例》第十八及第二十二條和附表一的第六原則，你有權查閱和更正個人資料，包括有權索取表格上填報的個人資料副本乙份。

**Enquiries 查詢**

6. Enquiries concerning the personal data collected by means of this form, including the making of access and corrections, should be addressed to:  
如對本表格所收集的個人資料有任何疑問，包括申請查閱和更正資料，請聯絡下列辦事處人員：

Executive Officer (Licensing)  
Licensing Office  
Hong Kong Police Force  
12-13/F, Arsenal House  
Police Headquarters  
No. 1 Arsenal Street  
Wan Chai, Hong Kong  
Tel. Enquiry: 2860 2973

香港灣仔  
軍器廠街一號  
警察總部  
警政大樓十二至十三樓  
香港警務處牌照課  
行政主任(牌照)  
查詢電話：2860 2973

**警告 Warning :**

- (i) **違例**：任何人士未取得有效的許可證，均不得為、答允為、自認是為或自認為他人擔任保安工作，以賺取酬勞。違例者一經定罪，可被罰款一萬元及監禁三個月。  
**Offences** : No individual shall do, agree to do, or hold himself out as doing or as available to do, security work for another person for reward without a valid permit. The offender is liable on conviction to a fine of \$10,000 and to imprisonment for three months.
- (ii) **防止賄賂警告**：根據《防止賄賂條例》，任何人士就申請保安人員許可證事宜，索取、提供或接受利益，包括金錢和禮物，均屬違法。  
**Warning Against Bribery** : It is an offence under the 《Prevention of Bribery Ordinance》for any person to solicit, offer or accept any advantages including money and gifts in connection with the processing of any security personnel permit application.