

PERSONAL DATA

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

Important: This medical examination report must be issued by a registered medical practitioner and be submitted to the Police Licensing Office within 4 months from the date of issue for application for Security Personnel Permit or demonstrating that the permit holder is still fit to perform security duties. (See Note (1) on page 5)

PART I : PERSONAL PARTICULARS OF APPLICANT/PERMIT HOLDER

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

Date of Birth : _____ Age : _____ 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 ever suffered from any illness, symptom or subject to Supervision and Treatment Order/Hospital Order under the Mental Health Ordinance (Cap. 136), which may affect your ability to perform the duties of a security personnel of the category being applied for?

YES/NO (See Note (2) on page 5)

If yes, please provide details.

I declare that all questions concerning my medical history/condition have been answered truthfully and that I have not withheld any information about my health.

Signature

(Applicant/Permit Holder)

PART III : ASSESSMENT

(to be completed by the medical practitioner having regard to the duties and responsibilities of different categories of security work listed on page 4)

		Please "✓"		Remarks
		No	Yes	
1.	Vision: Any eye disease or disorder leading to a visual acuity, using corrective lenses if worn, below 6/36 (for Cat. A work), 6/24 (Cat. B) or 6/18 (Cat. C) measured on the Snellen scale?	<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 disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
3.	Drug Addiction: Any sign of 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 vertigo or 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 severe 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.	Musculoskeletal System: Any physical disabilities, paralysis in or loss 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 fit to do the following categories of security work?

(Please make reference to the permit category specified in Part I in making the assessment.)

- | | |
|--|-----------------------------|
| (1) Category A security work (no upper age limit) | * Yes / No / Not Applicable |
| (2) Category B security work (upper age limit: 70) | * Yes / No / Not Applicable |
| (3) Category C security work (upper age limit: 60) | * Yes / No / Not Applicable |
- (*delete as appropriate)

Other Remarks : _____

Date of Examination : _____/_____/_____
(DD/MM/YY)

Signature : _____
(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 5)

- (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 :

- (1) 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. For applicants aged below 65, a medical certificate issued by a registered medical practitioner may also be required to certify that he/she is fit to undertake the duties required. A registered medical practitioner means a person who is registered under the Medical Registration Ordinance (Cap. 161).
- (2) It includes but not limited to:
 - Any disease or disorder of the eyes that may affect the performance of the type of security work being applied for/undertaken, even after wearing corrective lenses
 - Drug addiction
 - Any disease or disorder leading to sudden attacks of disabling giddiness or fainting
 - Any disease or disorder of the ear causing deafness or severe hearing loss
 - Any disease or disorder affecting coherence of speech
 - Any physical disabilities, paralysis in or loss of any limbs that may affect the performance of the type of security work being applied for/undertaken
 - Any cardiovascular or pulmonary diseases/signs of irregularities that may affect the performance of the type of security work being applied for/undertaken
 - Epilepsy
 - “Mental disorder”, as per section 2 of the Mental Health Ordinance, Cap. 136, includes but not limited to: (a) mental illness; (b) a state of arrested or incomplete development of mind which amounts to a significant impairment of intelligence and social functioning which is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned; (c) psychopathic disorder; or (d) any other disorder or disability of mind which does not amount to a mental handicap.

Please see the description of the major duties and responsibilities of different categories of security work on page 4.

- (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⁺.

* 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.

+ ‘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.

SECURITY PERSONNEL PERMIT
保安人員許可證
- PROVISION OF PERSONAL DATA -
提供個人資料

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/assessing the suitability of a permit holder to continue to hold the permit/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 / 評估許可證持有人是否適合繼續持有許可證 / 紀錄存檔 / 更新紀錄 / 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. If you have not provided the information required by this form, we may not be able to process your application or update your record.

如你沒有提供表格內要求的資料，我們可能無法辦理你的申請或更新你的紀錄。

3. Any material falsification or omission of information may result in the Commissioner's refusal to approve the application.

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 the above paragraph (1).

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

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)

Tel. Enquiry: 2860 2973

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、自認是為或自認可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.