

致康復服務中央檔案室主管（本文件必須於最近 6 個月內所簽發）：

To: Officer-in-charge, Central Registry for Rehabilitation (This document should be **issued in the last 6 months**)

《殘疾人士登記證—傷殘類別證明書》（CRR4）

“Certification of Disability Type for Registration Card for People with Disabilities”

姓名：____ 性別：男 ☐ 女 ☐ 身份證明文件及號碼：____
Name: _____ Sex: M ☐ F ☐ Document of Identity and No. _____

☐ 謹此證明上述人士**不符合**《申請指引》第 II 段內所述的申請資格。
This is to certify that the above-named person **does not meet** the eligibility criteria as set out in Section II of the “Guidance Notes”.

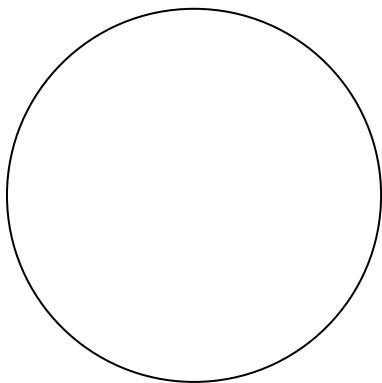
☐ 謹此證明上述人士**符合**《申請指引》第 II 段內所述的申請資格，其殘疾類別為：
This is to certify that the above-named person **meets** the eligibility criteria as set out in Section II of the “Guidance Notes”. The above-named person suffers from the following type(s) of disability:
(如屬多類殘疾人士，可選「✓」兩個或以上方格。 May select 「✓」 two or more boxes, if applicable.)

1. 聽障 Hearing impairment	<input type="checkbox"/>
2. 視障 Visual impairment	<input type="checkbox"/>
3. 肢體傷殘# Physical disability#	<input type="checkbox"/>
4. 言語障礙 Speech impairment	<input type="checkbox"/>
5. 智障 Intellectual disability	<input type="checkbox"/>
6. 精神病 Mental illness	<input type="checkbox"/>
7. 自閉症 Autism	<input type="checkbox"/>
8. 器官殘障/長期病患# Visceral disability/ Chronic illness#	<input type="checkbox"/>
9. 注意力不足/過度活躍症 Attention Deficit/ Hyperactivity Disorder	<input type="checkbox"/>
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>

根據（日期）_____ 的評估，上述的殘疾狀況有可能持續：

According to the assessment conducted on (date) _____, the disabling condition is likely to last for:

☐ 少於或等於 12 個月 less than or equal to 12 months
☐ 多於 12 個月但少於或等於 24 個月 more than 12 months but less than or equal to 24 months
☐ 多於 24 個月 more than 24 months



醫生簽名 Signature of Doctor	_____
醫生正楷姓名 Name of Doctor (Block Letter)	_____

機構負責人 / 專業醫療人員*簽名
Signature of Allied Health Professional / Office-in-charge* _____
機構負責人 / 專業醫療人員*正楷姓名
Name of Allied Health Professional / Office-in-charge* (Block Letter) _____

請列明所屬專業
Please specify field _____

機構 / 醫院*蓋印（必須）
Organisation / Hospital* Chop (required)

機構 / 醫院*名稱
Name of Organisation / Hospital* _____

日期：_____ 聯絡電話號碼
Date _____ Tel. No. _____

注意事項：

1. 為識別永久傷殘和身體機能暫時受損，除非另有醫生證明，否則器官殘障／長期病患及肢體傷殘人士（不包括永久傷殘的輪椅使用者）會被分類為身體機能「暫時」受損人士，並須定期提供有效證明文件（《申請指引》註 2），以定期覆核持證人的身體機能受損情況。

在判斷器官殘障／長期病患或肢體傷殘類別時，取決因素在於受損程度而非診斷結果，釐定準則如下 –

- (i) 就器官殘障／長期病患而言，釐定準則是着重於殘疾的嚴重程度，是否足以影響個人的基本生活，例如參與社會及經濟活動的能力，包括就業能力、社交活動、日常生活起居和個人的行動，以及需要較長的康復期；及
- (ii) 就肢體傷殘而言，釐定準則是着重於是否有暫時性中軸骨骼和四肢機能障礙，因而引致行動不便的問題。

基於以上的定義，中風、肢體癱瘓、風濕性關節炎、腰背痛、多發性硬化病、肌肉萎縮症、脊髓小腦性共濟失調及脊柱裂，將被分類為肢體傷殘而非長期病患。

Points to Note:

1. For the purpose of classification, except proved otherwise medically, Visceral Disability (VD)/Chronic Illness (CI) and Physical Disability (PD) (except those wheelchair users whose disabling condition has been certified as “permanent”) will be categorised as “temporary”, subject to periodic review upon production of valid documentary proof (“Guidance Notes” Note 2).

In determining VD/CI or PD, the deciding factor will be the degree of impairment rather than the diagnosis per se, as follows –

- (i) For VD/CI, the focus will be on the degree of severity of the disease, which should be significant enough to affect major life activities such as participation in social and economic activities e.g. employment, social functions, daily life maintenance, mobility, and the condition should take significantly longer than normal to rehabilitate; and
- (ii) For PD, the focus will be on the disabling physical condition, which is caused by temporary dysfunction of axial skeleton and extremities leading to mobility problems.

On the basis of the above definition, stroke, paralysis of limb, rheumatoid arthritis, low back pain and Multiple Sclerosis, Progressive Neuro-muscular Disease, Spino-cerebellar Ataxia and Spina Bifida, will be classified as PD rather than CI.