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

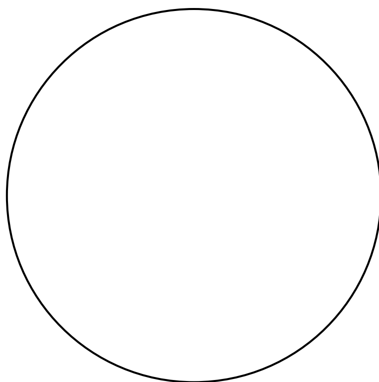
☐ 謹此證明上述人士**不符合**《申請指引》第 II 段內所述的申請資格。
This is to certify that the above-named person **does not meet** the eligibility criteria as set out in Section II of the "Guidance Notes".

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

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*名稱 Name of Organisation / Hospital* ______________
聯絡電話號碼 Tel. No. ______________

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

日期 Date : ______________

 *請刪去不適用者 Delete where appropriate #請參閱背頁注意事項 Please turn overleaf for Points to note.