

# 教育局 - 教師胸部 X 光檢驗表 (共八頁)

(根據香港教育規例第 54 條)

## EDUCATION BUREAU – TEACHER’S CHEST X-RAY FORM (8 Pages) (Under regulation 54 of the Education Regulations)

### 注 意： ATTENTION

1. 下列之 X 光檢驗報告，其有效期為十二個月，在有效期內，此報告得適用於任何學校。  
The X-ray report below will be valid for 12 months and it can be used for any school.
2. 教師在未填寫下列甲部前，請先細心詳閱本表格背頁之所有附註。  
Teachers are requested to read carefully the Notes at the back of this form before completing Part I below.
3. 此教育局教師胸部 X 光檢驗表是用作申請教師職位之用。  
The Education Bureau- Teacher’s Chest X-ray Form is used in connection with an application for a teaching post.

甲 部 本人個人資料如下：  
PART I. My personal particulars are as follows:

請貼上近照一張及  
於右下方蓋上校印  
Please affix a recent  
photograph with  
school chop at its  
right lower corner.

姓名：(英文) \_\_\_\_\_ (校印) (School chop)  
Name (in English) [見附註 2] [See Note 2]  
(中文) \_\_\_\_\_ 性別 \_\_\_\_\_ 年齡 \_\_\_\_\_  
(in Chinese) Sex Age

身份證或護照號碼： \_\_\_\_\_  
Identity Card / Passport No.

通訊地址： \_\_\_\_\_ 電話： \_\_\_\_\_  
Postal Address Telephone Number  
手提電話： \_\_\_\_\_  
Mobile Phone Number

學校名稱： \_\_\_\_\_ [見附註 2]  
Name of School [See Note 2]

學校類別：上午校 / 下午校 / 全日校 / 夜校 (請將不適用者刪去)  
Type of School AM / PM / Whole-day / Evening (Please delete whichever is inappropriate)

學校地址： \_\_\_\_\_ 學校電話： \_\_\_\_\_  
School Address School Telephone Number

乙 部 衛生署專用  
PART II. FOR USE BY DEPARTMENT OF HEALTH

編號及日期 Ref. No. & Date	X 光報告 X-ray Report	或 or	胸肺科醫生報告 Chest Physician Report

**附註：**

1. 申請人必須填妥本表格甲部，並將近照一張貼於規定之空格上，及攜帶本人身份證或護照，貼有郵票及寫上回郵地址信封乙個，提交當值人員辦理手續。X 光檢驗報告最少需時兩週始能完成，並由附上之回郵信封直接郵遞寄回。請注意此乃 X 光檢驗報告正本，如有郵誤或遺失，一概不再補發。

如欲接受 X 光檢驗，申請人可于下列登記時間內直接前往任何一間中心辦理，不須預約：(請參閱位置地圖, 6-8 頁)

**1. 九龍灣 X 光診斷中心**

九龍灣启仁街九號

九龍灣健康中心十樓

查詢電話：2116 2981 / 2116 2982

登記時間：星期一 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時三十分)  
星期三、五 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時十五分)  
星期二、四 (下午二時至下午五時十五分)

**2. 粉嶺 X 光診斷中心**

新界粉嶺璧峰路二號

粉嶺健康中心五樓

查詢電話：2639 1464 / 2639 1465

登記時間：星期一 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時三十分)  
星期三、五 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時十五分)  
星期二、四 (下午二時至下午五時十五分)

**3. 西營盤 X 光檢驗中心**

香港皇后大道西 134 號

西營盤賽馬會分科診所七樓

查詢電話：2561 6163 / 2561 6164

登記時間：星期一 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時三十分)  
星期三 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時十五分)  
星期五 (下午二時至下午五時十五分)

2. 本表格必須填上校名及於近照右下角蓋上校印。申請者所填表格如不合乎規則或未能出示上列附註(1)之任何證明文件，X 光中心職員有權拒絕辦理其 X 光檢驗。
3. 接受 X 光檢驗之女士，可穿著棉質或毛質內衣，而內衣不得附有鈕扣，絲織或花邊，或換上由檢驗中心供應之专用衣物；頸鍊與飾物等亦須暫時除下。
4. 申請人如曾經在一政府胸肺診療所接受治療或正在接受治療中，則不必前往 X 光檢驗中心接受檢驗。只需前往所屬胸肺診療所，經該處醫生評估後，在本表格上批注。此外，X 光檢驗中心人員並無權豁免任何人士之 X 光檢驗。
5. 如欲申請豁免 X 光檢驗，請與有關學校聯絡。
6. (a) 教育局會利用本表格所載的個人資料，作以下其中一種或多種用途：
  - (i). 教師職位申請；
  - (ii). 提供教育服務；
  - (iii). 進行研究及編製統計資料，以便規劃教育服務；
  - (iv). 處理有關教育專業人員發展的事宜；
  - (v). 執行《教育條例》及《教育規例》(第 279 章)。
- (b) 申請人必須在本表格上填寫個人資料。申請人如不提供這些資料，申請的處理工作及結果或會受影響。
- (c) 本表格所蒐集的個人資料，或會向獲授權處理有關資料的學校/部門/機構披露，作上文所述用途。

- (d) 根據《個人資料(私隱)條例》第 18 和 22 條及附表 1 第 6 原則的規定，你有權要求查閱及改正你的個人資料。要求查閱的權利，包括要求提供本表格所載個人資料的副本，但須繳付費用。
- (e) 如欲查詢有關本表格所蒐集的個人資料，包括要求查閱及改正資料事宜，請與有關學校聯絡。

**Notes :**

1. It is required to complete Part I of this form and affix a recent photograph prior to registration. The applicant is requested to bring along the Hong Kong Identity Card / Passport together with a self-addressed stamped return envelope and hand to the registration staff. Processing of the X-ray Report will take at least two weeks and the result indicated on this form will be mailed to the applicant with the self-addressed return envelope. Please note that this is the original X-ray report and any non-delivery or loss of the form will not be retrievable.

The applicant may go directly to any one of the following centres at the specified registration time for taking chest X-ray examination. Prior booking of appointment is not required : ( Please refer to the Maps, Page 6-8 )

**1. Radio-diagnostic & Imaging Centre (Kowloon Bay)** Enquiry Telephone No. : 2116 2981 / 2116 2982  
10/F, Kowloon Bay Health Centre, Registration Time : Mon. ( 8:45 am to 12:45 pm ;  
2:00 pm to 5:30 pm )  
9 Kai Yan Street, Kowloon Bay, Kowloon. Wed. & Fri. ( 8:45 am to 12:45 pm ;  
2:00 pm to 5:15pm )  
Tue. & Thur. ( 2:00 pm to 5:15pm )

**2. Radio-diagnostic & Imaging Centre (Fanling)** Enquiry Telephone No. : 2639 1464 / 2639 1465  
5/F, Fanling Health Centre, Registration Time : Mon. ( 8:45 am to 12:45 pm ;  
2:00 pm to 5:30 pm )  
2 Pik Fung Road, Fanling, N.T. Wed. & Fri. ( 8:45 am to 12:45 pm ;  
2:00 pm to 5:15pm )  
Tue. & Thur. ( 2:00 pm to 5:15pm )

**3.Sai Ying Pun X-ray Survey Centre** Enquiry Telephone No. : 2561 6163 / 2561  
6164  
7/F, Sai Ying Pun Jockey Club Polyclinic Registration Time : Mon. ( 8:45 am to 12:45 pm ;  
2:00 pm to 5:30 pm )  
134 Queen's Road West, Hong Kong Wed. ( 8:45 am to 12:45 pm ;  
2:00 pm to 5:15pm )  
Fri. ( 2:00 pm to 5:15pm )

2. **STAFF OF THE ABOVE X-RAY CENTRES HAVE THE RIGHT TO REFUSE CHEST X-RAY EXAMINATION FOR THOSE WHO FAIL TO SHOW DOCUMENTS MENTIONED IN THE ABOVE NOTES(1) OR WHOSE EMB40 FORM IS NOT COMPLETED PROPERLY. THE FORM MUST BE COMPLETED WITH SCHOOL NAME WITH SCHOOL CHOP AT THE RIGHT LOWER CORNER OF THE AFFIXED PHOTOGRAPH.**
3. Ladies attending X-ray examination can wear a cotton or woolen singlet which has no buttons, hooks, lace or silk fabric in it; alternatively substitution by garment provided by the X-ray Centre may be required. All examinees are requested to remove necklaces, pendants etc. during the X-ray examination.
4. If any applicant has received treatment or is at present under treatment at a Government Chest Clinic, he/she does not need to attend any Government X-ray Centres . Instead, he/she should attend that Chest Clinic together with this form and apply for endorsement there after assessment by doctor. It should be noted that the staff of X-ray Centre cannot grant exemption.
5. All requests for exemption from chest X-ray should be referred to the relevant school.
6. (a) The personal data provided in this form will be used by the Education Bureau for one or more of the following purpose(s):
  - (i). application for a teaching post;
  - (ii). provision of education services;
  - (iii). conducting research and compiling statistics to facilitate planning of education services;
  - (iv). processing matters relating to the development of the education profession;
  - (v). administering and enforcement of the Education Ordinance and Regulations (Cap. 279).(b) The provision of personal data by means of this form is obligatory. Failure to provide these data may affect the processing and outcome of your application.  
(c) The personal data collected in this form may be disclosed to schools/departments/agencies authorized to process the information for the purposes mentioned above.

- (d) You have a right to request access to and correction of your 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 in this form. This is however subject to payment of a fee.
- (e) Enquiries concerning the personal data collected by means of this form, including making of access and corrections, should be addressed to the relevant school.

## 位置地图 1 (Map 1)

### 九龍灣 X 光診斷中心

九龍灣啟仁街九號

九龍灣健康中心十樓

查詢電話

2116 2981 / 2116 2982

登記時間

星期一 (上午八时四十五分至下午十二时四十五分及下午二时 至 下午五时三十分)  
星期三、五 (上午八时四十五分至下午十二时四十五分及下午二时 至 下午五时十五分)  
星期二、四 (下午二时 至 下午五时十五分)

### Radio-diagnostic & Imaging Centre (Kowloon Bay)

10/F, Kowloon Bay Health Centre,

9 Kai Yan Street, Kowloon Bay,

Kowloon.

Enquiry Telephone No. : 2116 2981 / 2116 2982

Registration Time : Mon.

Wed. & Fri.

Tue. & Thur.

(8:45 am to 12:45 pm ;  
2:00 pm to 5:30 pm )

(8:45 am to 12:45 pm ;  
2:00 pm to 5:15pm )

(2:00 pm to 5:15pm )



## 位置地图 2 (Map 2)

### 粉嶺 X 光診斷中心

新界粉嶺璧峰路二號

粉嶺健康中心五樓

查詢電話

2639 1464 / 2639 1465

登記時間

星期一 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時三十分)

星期三、五 (上午八時四十五分至下午十二時四十五分及下午二時至下午五時十五分)

星期二、四 (下午二時至下午五時十五分)

### **Radio-diagnostic & Imaging Centre (Fanling)**

5/F, Fanling Health Centre,

2 Pik Fung Road, Fanling,

N.T.

Enquiry Telephone No. : 2639 1464 / 2639 1465

Registration Time : Mon. (8:45 am to 12:45 pm ; 2:00 pm to 5:30 pm)

Wed. & Fri. (8:45 am to 12:45 pm ; 2:00 pm to 5:15pm)

Tue. & Thur. (2:00 pm to 5:15pm)



### 位置地图 3 (Map 3)

#### 3. 西营盘 X 光检验中心

香港皇后大道西 134 号  
西营盘赛马会分科诊所七楼

查询电话 : 2561 6163 / 2561 6164

登记时间 : 星期一 (上午八时四十五分至下午十二时四十五分及下午二时 至 下午五时三十分)  
星期三 (上午八时四十五分至下午十二时四十五分及下午二时 至 下午五时十五分)  
星期五 (下午二时 至 下午五时十五分)

#### 3. Sai Ying Pun X-ray Survey Centre

7/F, Sai Ying Pun Jockey Club Polyclinic

134 Queen's Road West, Hong Kong

Enquiry Telephone No. : 2561 6163 / 25616164

Registration Time : Mon. (8:45 am to 12:45 pm ; 2:00 pm to 5:30 pm)  
Wed. (8:45 am to 12:45 pm ; 2:00 pm to 5:15pm)  
Fri. (2:00 pm to 5:15pm)

