

THE UNIVERSITY OF HONG KONG

To: (modified) List C

Streamlining of Medical Clearance Procedures

As part of our continuing efforts to reduce the number of human resource processes, the University Health Service (UHS) and the Human Resource Section (HRS) have jointly reviewed the existing medical clearance procedures for new appointments and re-appointments, and are pleased to announce the following simplified measures.

Existing Practice

2. Under the existing arrangements, a Head of Department is required to complete for each new appointee a "Pre-employment Medical Procedure Form" (**Annex I**), which is a questionnaire seeking information on the nature of the job concerned (referred to as "**Pre-employment Form**" hereafter). At the same time, the new appointee is required to complete a "University Health Service Staff Personal Data Sheet" (**Annex II**), this being a questionnaire soliciting details on the individual's medical history. Both forms should be submitted to the UHS for assessment of medical fitness before the take-up of appointment.

New Measures

3. With a view to expediting the medical clearance process, these procedures have now been streamlined. Departments are now invited to indicate on the **List for Medical Clearance** which staff ranks in their department or which posts on the same rank have the job requirements indicated on the Pre-employment Form. The List for Medical Clearance should be submitted to the HRS, which will collate all the submissions for onward transmission to the UHS. Under the new arrangements:

- (a) Departments will be required to complete a Pre-employment Form only in respect of appointees holding the staff ranks/posts set out on the List for Medical Clearance;
- (b) for all the other staff ranks/posts which are not listed in the List for Medical Clearance, Departments will no longer be required to complete the Pre-employment Form;

/Cont'd...

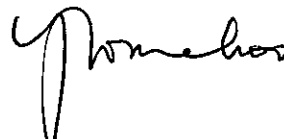
- (c) as and when posts are newly-created, Department Heads are required to so alert HRS when initiating the appointments, should the job nature of the posts involve duties as set out in the Pre-employment Form; and
- (d) to keep the List for Medical Clearance current, Departments are requested to update it every July.

The above streamlined measures will apply to new as well as serving appointees when the latter undergo processes of contract renewal, promotion, re-grading, internal transfer and extension/re-appointment beyond retirement. These arrangements will be reviewed in a year's time.

4. I should be grateful if you would let me know which staff ranks/posts in your Department should be included on the List for Medical Clearance by completing the proforma at Annex III, and returning it to the HRS **by October 17, 2009**. If your Department does not have any such ranks/posts, a nil reply would be appreciated. For enquiries, please contact Mrs. Rebecca Ching, Assistant Registrar (Appointments) (tel.: 2859 2223; e-mail: reacleung@hku.hk) or Miss Judith Ng, Administrative Assistant (Appointments) (tel.: 2219 4296; e-mail: yynga@hku.hk) in the first instance.

5. I look forward to receiving your timely response to enable us to further enhance our appointment processes.

With best wishes,



(Mrs.) Yvonne Koo
Head

Human Resource Section

YK/RC/JN
September 18, 2009

cc: Deputy Vice-Chancellor
Professor Joseph Lee, Pro-Vice-Chancellor (Staffing)
Registrar
Director of Finance
Director, University Health Service

bcc: All colleagues in the HRS

THE UNIVERSITY OF HONG KONG

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香 港



大 學

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University Health Service

4/2009

Pre-employment Medical Procedure

To: Department Head

To facilitate the appropriate pre-employment medical assessment, please complete the questionnaire below and return to University Health Service as soon as possible. Thank you.

Full Name of Prospective Employee:			
Department:			
Post offered:			Staff No.:
Intended Period of Employment:	From:		To:

Does the present job require:

1.) Diving (for occupational divers only)	1.) Yes / No
2.) Driving (for occupational drivers only)	2.) Yes / No
3.) Use of Display Screen Equipment almost everyday continuously for ≥ 4 hours a day or continuously for ≥ 6 hours a day (majority of staff at HKU are considered to be non-DSE users under the Labour Department Legislation)	3.) Yes / No
4.) Food handling (preparation & cooking of food for other staff/students)	4.) Yes / No
5.) Lifting weights over 10kg	5.) Yes / No
6.) Frequent walking (over 4 hours a day)	6.) Yes / No
7.) Use of respirator *Please indicate type:	7.) Yes / No
8.) Colour differentiation (essential for the job)	8.) Yes / No
9.) Exposure to loud noise (over 85dB)	9.) Yes / No
10.) Exposure to Class 3b or 4 Laser	10.) Yes / No
11.) Handling of animals or their waste	11.) Yes / No
12.) Handling of radioactive material	12.) Yes / No
13.) Handling of toxic chemicals or materials with biohazards (but with no risk of Hepatitis B contamination)	13.) Yes / No
14.) Clinical work or handling of clinical materials with risk of Hepatitis B virus contamination	14.) Yes / No

If YES in any of the above, please specify and provide nature of job in detail:

Any other area(s) which you think may subject the employee to special health hazards:

Name of Department Head: _____ Signed: _____

Date: _____

PLEASE USE BLOCK LETTERS

請用正楷書寫

PART A

STAFF No. / UHS No. 職員編號

<div>PHOTO</div> <div>相片</div>	NAME (SURNAME FIRST) 英文姓名		NAME (CHINESE) 中文姓名
	DATE OF BIRTH 出生日期		SEX 性別
	BIRTH PLACE 出生地點		NATIONALITY 國籍
	MARITAL STATUS 婚姻狀況		I.D. NO. 身份證編號
	DEPARTMENT 部門		POST 職位
	APPOINTED :FROM 聘任日期 :由	TO 至	TERMS OF SERVICE: 0 / I / II / III / IV 職員類別

ADDRESS (HONG KONG) 本地住址

TEL. NO. (HOME) 住宅電話

CONTACT TEL. NO. 聯絡電話

NAME OF SPOUSE 配偶姓名

NAME OF NEXT OF KIN 直系親屬

CONTACT TEL. NO. 聯絡電話

DEPENDANT CHILDREN 子女姓名

DATE OF BIRTH
出生日期

SEX
性別[illegible]

PART B

PERSONAL HISTORY 個人病歷

Do you have, or have you ever had, any of the following? Please circle YES / NO on every item and give details in next page.
 你會否患過以下疾病? 請在每一項目圈上 YES / NO 及詳註於後頁格內。

AIDS / HIV POSITIVE 愛滋病 / HIV 陽性反應	YES / NO	DIABETES 糖尿病	YES / NO	MALARIA 瘧疾	YES / NO
ALLERGIC RHINITIS 鼻敏感	YES / NO	EAR TROUBLE 耳及聽覺毛病	YES / NO	MENTAL ILLNESS 精神病	YES / NO
ANAEMIA 貧血	YES / NO	FITS/EPILEPSY 癲癇	YES / NO	MIGRAINE/HEADACHES 偏頭痛	YES / NO
ANXIETY 精神緊張	YES / NO	GALL BLADDER DISEASE 膽病	YES / NO	PNEUMONIA 肺炎	YES / NO
ARTHRITIS 關節炎	YES / NO	ECZEMA/DERMATITIS 濕疹/皮膚炎	YES / NO	RHEUMATIC FEVER 風濕性發熱	YES / NO
ASTHMA 哮喘	YES / NO	GYNAECOLOGICAL PROBLEMS 婦科病	YES / NO	SINUS TROUBLE 鼻竇炎	YES / NO
BACK TROUBLE 背痛	YES / NO	HEART DISEASE 心臟病	YES / NO	STROKE 中風	YES / NO
BLOOD TRANSFUSION 接受輸血	YES / NO	HEPATITIS 肝炎	YES / NO	TUBERCULOSIS 肺結核	YES / NO
CANCER (SPECIFY) 癌(列明)	YES / NO	HYPERTENSION 血壓高	YES / NO	WRISTS TROUBLE 手腕痛	YES / NO
OPERATION (SPECIFY) 手術(列明)	YES / NO	KIDNEY DISEASE 腎病	YES / NO	SARS 非典型肺炎	YES / NO
DEPRESSION 憂鬱症	YES / NO	BLADDER DISEASE 膀胱病	YES / NO		
OTHER (SPECIFY) 其他 (列明)					
DISABILITY (SPECIFY) 傷殘(列明)			ALLERGY (SPECIFY) 敏感(食物、藥物或其他)(列明)		
Do you take any regular medications ? 有否定期服用任何藥物 ?		YES / NO 有 / 否		Specify : 請詳註:	

Details of any <input type="checkbox"/> Yes answer in Personal History 若有以上疾病, 請列明。		
Disease / Problem 疾病	Date 日期	Details 詳情

Are you a hepatitis B carrier ? 是否乙型肝炎帶菌者?	YES / NO / UNKNOWN 是 / 否 / 不詳	Give details : 請詳註:
Have you ever applied for and been refused an insurance policy ? 曾否被保險公司拒絕投保?	YES / NO 有 / 否	Give details 請詳註:
Do you smoke ? 有否吸煙?	YES / NO 有 / 否	What quantity of tobacco or cigarettes daily ? 每天吸煙之數量?
Have you smoked in the past ? 以往有否吸煙習慣?	YES / NO 有 / 否	At what age did you start ? 什麼年紀開始?
		At what age did you stop ? 何時停止吸煙?
Do you drink alcohol ? 有否飲酒?	YES / NO 有 / 否	How many drinks per week ? 一個星期飲多少?

Have you had the following immunisations? PLEASE CIRCLE. Give dates where possible 有否注射以下防疫針 ? 請圈上。 註明日期			
B.C.G. 卡介苗	HEPATITIS B 乙型肝炎	POLIO 小兒麻痺	TYPHOID 腸熱
DIPHTHERIA 白喉	MEASLES 麻疹	RUBELLA 德國疹	WHOOPING COUGH 百日咳
HEPATITIS A 甲型肝炎	MUMPS 腮腺	TETANUS 破傷風	OTHER 其他

PART C

FOR OFFICIAL USE 大學醫療保健處專用							
IMMUNIZATIONS 防疫注射							
D.T. (Adult) 白喉.破傷風					OTHER IMMUNISATIONS 其他防疫注射		
TETANUS TOXOID 破傷風							
POLIO 小兒麻痺							
HEPATITIS A 甲型肝炎							
HEPATITIS B 乙型肝炎							
CHICKENPOX 水痘							
MMR 麻疹/腮腺炎/德國麻疹							
MANTOUX TEST 肺結核測試							
B.C.G. 卡介苗					CHEST X-RAY 肺部 X 光		

DATE	HEIGHT	WEIGHT	BLOOD PRESSURE	VISUAL ACUITY		CHOLESTEROL	PAP SMEAR

Please return the completed form to the
 Director, University Health Service
 The University of Hong Kong

D. FOR PRE-EMPLOYMENT MEDICAL EXAMINATION

Personal Data (Privacy) Ordinance

Persons who supply data to the University for pre-employment medical questionnaire screening and examination purposes are asked to note the following points, pursuant to the Personal Data (Privacy) Ordinance:

- 1.) Personal data provided for pre-employment medical questionnaire screening and examination purposes will, during the entire process, be used solely for those purposes, and in this connection the data will be handled by University Health Service staff, by the relevant Heads of Departments and the Appointments Unit of the Human Resource Section, Registry, The University of Hong Kong.
- 2.) Applicants are advised to provide all the information requested in the relevant documents, where applicable, failing which the University may be unable to confirm their medical fitness for the job and hence the job offer, if made, may be withdrawn.
- 3.) After the pre-employment medical questionnaire screening and examination:
 - (a) The data of applicants subsequently employed by the University will become part of his/her medical record, facilitating medical care in the University.
 - (b) The data of all other applicants will be kept at the University Health Service as confidential evidence of medical examinations, and be destroyed after a period of 12 months from the examination date or date of the questionnaire as appropriate.

Director
University Health Service

Declaration and Authorization

1. I have noted the above points pursuant to the Personal Data (Privacy) Ordinance.
2. I declare that the answers to all questions are accurate and complete to the best of my knowledge, and I have not withheld any information. I understand that if I wilfully give any false or incorrect information, I shall render myself liable to such penalties as the University considers appropriate inclusive of disciplinary/legal proceedings.
3. I **authorize** the University Health Service, The University of Hong Kong to use, check and process my data as required for my pre-employment medical examination.
4. I **authorize** the University Health Service physician to seek information as necessary, which is directly relevant to my proposed employment with respect to any previous illness, injury and details of hospital admission. A photostat copy of this authorization shall be considered as valid as the original.
5. I **authorize** the University Health Service physician to disclose the pre-employment medical examination to the relevant Head of Department and the Appointments Unit in connection with my medical fitness for the job. A photostat copy of this authorization shall be considered as valid as the original.

Applicant's name: _____

Applicant's Signature: _____

Date: _____

D. 僱用前健康檢查

個人資料（私隱）條例

根據個人資料（私隱）條例，凡申請大學職位之人士，如須就有關職位申請提供個人資料，請留意以下各項：

- 一. 就申請有關職位所提供之個人資料，於處理有關申請整個程中，只可用於上述用途，該資料將由大學醫療保健處人員、相關之部門主管及教務處人力資源部徵聘組人員處理。
- 二. 申請人宜在有關之文件上，提供所有適用之個人資料；如未能提供詳情者，可能妨礙大學確定其健康狀況是否勝任工作，因而可能需要撤銷有關聘任。
- 三. 當有關申請經處理及有關程序完成後：
 - 甲) 獲聘任人士之申請文件會收入大學醫療保健處為其開設之員工個人醫療檔案內，當中資料會由該處作該名員工日後之醫療紀錄一併參考使用。
 - 乙) 大學醫療保健處會將所有其他申請人之申請文件列為機密之醫療檢驗證據，由驗身日或填寫問卷日起計，保存十二個月後銷毀。

大學醫療保健處主任
謹啓

聲明及授權書

- 一. 本人已知悉根據個人資料（私隱）條例所訂之各點內容。
- 二. 本人聲明已就所知回答各項問題，正確無訛，亦無隱瞞任何資料。本人明白如提供虛假或錯誤資料，會受到大學認為適當的懲罰，包括紀律/法律處分。
- 三. 本人**授權**香港大學醫療保健處按本人申請職位所需，使用、查核及處理本人之個人資料用作本人職前健康檢查。
- 四. 本人**授權**香港大學醫療保健處醫生諮詢關於本人以往一切有關病歷、治療及入院紀錄作僱用前健康檢查資料參考。此授權書之影印本亦視作有效文件。
- 五. 本人**授權**香港大學醫療保健處醫生將職前健康檢查結果告知相關之部門主管及徵聘組以確定本人健康狀況可否勝任工作。此授權書之影印本亦視作有效文件。

申請人姓名： _____

申請人簽署： _____

日期： _____

THE UNIVERSITY OF HONG KONG

Streamlining of Medical Clearance Procedures

To: Head, Human Resource Section

List for Medical Clearance

In response to your circular dated September 18, 2009 (document 232/909), I confirm that the following staff ranks/posts in my Department **will involve duties as set out in the Pre-employment Medical Procedure form** (document 4/2009) (*i.e.* Pre-employment Form) (please continue overleaf, if necessary):

	Staff rank/post (N.B. If the job duties set out in the Pre-employment Form only apply to specific post(s) at the same staff rank, please state to which post(s) such job duties will be applicable.)	Terms of Service/Broadband/ Research support staff grade (<i>e.g. TOS I, Band A, Research Assistant I</i>)
1.		
2.		
3.		
4.		
5.		

Date: _____ Signature: _____
(Department Head)

Department: _____

Please return the completed form to Miss Rosina Ho, Appointments Unit, Human Resource Section, Registry by October 17, 2009, by fax (2540 6735), by e-mail (rosina@reg.hku.hk) or by internal mail.

Appointments Unit, Human Resource Section, Registry
September 18, 2009