

Kiang Wu Nursing College of Macau
澳門鏡湖護理學院

身心障礙支援服務 Disability Support Services

身心障礙診斷表 Disability Assessment Form

收集個人資料聲明 Personal Data Collection Statement

- 澳門鏡湖護理學院作為一所高等教育機構，將處理在本表格內所收集的個人資料作舉辦活動、提供服務及聯絡之用。
The Kiang Wu Nursing College of Macau being an institution of higher education, will process the personal data collected on this form for activity organization, service providing and contact purposes.
- 申請人有權依法申請查閱、更正或更新其存於本學院的個人資料。
The applicants have the right to access, rectify or update their personal data stored at KWNC.

由澳門鏡湖護理學院學生填寫 To be filled by KWNC student

中文姓名 Name in Chinese	外文姓名(拼音) Name in Block Letters
性別 Gender	學生編號 Student No.
課程 Programme	
電話 Tel.	電郵 Email

由專科人士填寫 To be filled by medical professional

專科人士姓名 Name of Professional	所屬醫院/中心/診室 Affiliated Hospital/Center/Clinic
職銜或資格 Title or Credential	電話 Tel.
所鑒定的身心障礙類別 Types of disability identified	
診斷過程中所使用的步驟或測試 Procedures or tests used in the diagnosis	

該身心障礙對身體功能所帶來的影響 (請註明其嚴重性、發生頻率及普遍性)

Functional impact of the disability (Please identify the severity, frequency and pervasiveness of the disability)

該身心障礙的預期進展或衰退狀況

Typical progression or prognosis of the condition

建議學院提供的支援服務及措施

Recommendations to the college for offering support service and accommodations

簽名及蓋章

Signature and Chop

日期

Date

育仁中心專用 For Benevolence Centre Use Only 編號 No.: _____ ; 日期: _____