

Occupational Deafness (Compensation) Ordinance
Section 27B(3)

Written Advice on Hearing Aid

Name of Applicant : _____ HKID No. : _____

Date of Birth : _____ Sex : _____ Male / Female

The above-named applicant has attended our Centre / Clinic for hearing aid recommendation. I certify that the applicant reasonably requires the use of a hearing aid. It is considered that the following hearing aid is beneficial to the applicant:

Make : _____ (Right / Left Ear)[#]

Model : _____ (BTE / ITE / ITC / CIC / Open-fit)[#]

Price : _____

Supplier : _____

Delete as appropriate.

Name and Signature of Designated Person : _____

Category of Designated Person : ① ② ③ ④ ⑤

Name of Centre / Clinic (with chop): _____

Address: _____

Tel. No. : _____ Date : _____

IMPORTANT NOTE:

This Advice should be completed by a Designated Person in hearing centres / ENT clinic (private or public). The applicant should submit the Advice together with his/her application for reimbursement or direct payment.

Designated Person means a person belonging to one of the following categories of persons designated by the Occupational Deafness Compensation Board under section 36(1)(e) of the Occupational Deafness (Compensation) Ordinance:

- ① Medical practitioners conferred by the Hong Kong Academy of Medicine with the designation of Fellow of the Hong Kong Academy of Medicine (Otorhinolaryngology);
- ② Medical practitioners conferred by the Hong Kong Academy of Medicine with the designation of Fellow of the Hong Kong Academy of Medicine (Community Medicine) and in the sub-speciality of occupational medicine;
- ③ Audiologists with a degree of Master of Science in Audiology issued by a local University or its equivalent (e.g. master degrees in audiology issued in the UK, USA, Australia, Canada or New Zealand, etc.);
- ④ Audiologists with Postgraduate Diploma in Audiology from Australia;
- ⑤ Audiology Practitioners with Certificate in Audiology (Part I Theory & Part II Practical) issued by British Society of Audiology (BSA)/ British Association of Audiologists (Formerly known as British Association of Audiology Technicians) (BAAT) / British Academy of Audiology or its equivalent.

職業性失聰(補償)條例 第 27B(3) 條

助聽器建議書

申請人姓名： _____ 身份證號碼： _____

出生日期： _____ 性別： _____ 男 / 女

上述申請人曾就驗配助聽器事宜前往本中心/ 醫務所。本人確認申請人合理地需要使用助聽器，並認為以下的助聽器適合申請人使用：

牌子： _____ (右耳 / 左耳)[#]

型號： _____ (耳背 / 耳內 / 耳道 / 深耳道 / 開放)[#]

價格： _____

供應商： _____

請刪去不適用者

指定人士的
姓名及簽署： _____

指定人士類別： ① ② ③ ④ ⑤

聽力中心/ 醫務所名
稱 (請加蓋印)： _____

地址： _____

電話號碼： _____ 日期： _____

重要事項：

此建議書須由聽力中心/耳鼻喉專科診所(公營或私營)的指定人士填寫。申請人在遞交付還開支或直接支付開支的申請時，須向管理局提交此建議書。

- “指定人士”是指下列由職業性失聰補償管理局根據《職業性失聰(補償)條例》第36(1)(e)條所指定的人士：
- ① 獲香港醫學專科學院頒授香港醫學專科學院院士(耳鼻喉科)稱銜的醫生；或
 - ② 獲香港醫學專科學院頒授香港醫學專科學院院士(社會醫學)稱銜及屬職業醫學科的醫生；或
 - ③ 擁有本港大學頒發的聽力學碩士學位或具同等學歷的聽力學家(例如：由英國、美國、澳洲、加拿大或紐西蘭等國家的大學所頒發的聽力學碩士學位)；或
 - ④ 持有澳洲的聽力學深造文憑的聽力學家；或
 - ⑤ 持有英國聽力學學會(BSA)/英國聽力師協會(前聽力學技術員協會)(BAAT)/英國聽力學學術學院(BAA)所頒授之聽力學課程證書(第I部份理論及第II部份實習)或具同等課程學歷的聽力學專業人士。