

FORM MPF(S) - W(M)

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)
("the Ordinance")**

**CERTIFICATE OF A PERSON'S PERMANENT UNFITNESS
FOR A PARTICULAR KIND OF WORK**

Name of the patient: _____ Sex: _____ Age: _____

Hong Kong Identity Card/Passport* No.: _____

The above patient has been under the medical care of the undersigned since
_____ [dd/mm/yyyy].

Based on the findings as revealed in today's consultation, I certify that he/she* is permanently unfit for his/her* present/last* job as a _____ [job title] for the following reason(s): _____

Signature of registered medical practitioner/
registered Chinese medicine practitioner*: _____

Name in block letters: _____

Address and telephone number: _____

Date: _____

Official seal (if any): _____

* Delete whichever is inappropriate