

**FORM MMB - W(M)**

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

**MANDATORY PROVIDENT FUND SCHEMES (EXEMPTION) REGULATION**

**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 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