

# Application to Observe an Operation

## 1. Information of Applicant

Name of Applicant: (Prof./Dr./Mr./Ms.) \_\_\_\_\_ Sex: \_\_\_\_\_  
(Block letters - Surname, Given Name) (In Chinese)

Contact No. \_\_\_\_\_ HKID No. \_\_\_\_\_ Occupation \_\_\_\_\_

Email: \_\_\_\_\_

---

## 2. Details of the Observation:

Type / Nature of operation: \_\_\_\_\_ Date(s) of observation: \_\_\_\_\_

Name of patient: \_\_\_\_\_

Please state reason(s) why the applicant intends to observe the Operation:

---

### Undertaking by the applicant:

I, the above named applicant, hereby agree to abide by the Hospital Policy when I attend the operation under the care of Dr. \_\_\_\_\_ on the aforesaid day(s). I will not contribute to any part of the treatment or surgical responsibility. I also understand that I will not be covered by the Hospital's current third party insurance during the aforesaid period for observation purpose in the Hospital.

Signature: \_\_\_\_\_ (applicant) Date: \_\_\_\_\_

### Undertaking by the attending doctor performing operation on the patient:

I, \_\_\_\_\_ am carrying out the above operation. The applicant is not involved in any care and treatment of the patient and I shall bear full responsibility for the applicant's attendance during the operation. I confirm that **[\*the patient has given permission / I shall seek permission of the patient]** to allow the applicant to observe the operation. (\*Please delete as appropriate)

Signature: \_\_\_\_\_ (attending doctor) Date: \_\_\_\_\_

---

### (For Hospital Use Only)

\* Approved / Not Approved : Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Hospital Chief Executive Officer / Designee)

Reviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_