

【Declaration of consent】

(To be filled in by the minor workers)

Purpose: Application to request assistance in the organization of physical checkups for minor workers and in the obtainment of the corresponding medical certificates

Name of the minor	In Chinese characters <u>李安健</u>	In Latin script <u>Lei On Kin</u>	<input checked="" type="radio"/> M <input type="radio"/> F	Date of birth <u>07 / 01 / 2002</u> (day/month/year)
Address: <u>Av. XX N°s. XX, Edif. XX, Macau</u>			BIR No.: <u>1234XXX(X)</u>	
Contact no.: <u>2828XXXX</u>	Mobile phone number: <u>6666XXXX</u>		Educational Background <input type="radio"/> Primary education <input type="radio"/> Lower secondary education <input checked="" type="radio"/> Upper secondary education <input type="radio"/> Others (specify) _____	
Name of legal guardian*	* Should the minor be below 16 years of age, the columns with "*" must be filled in. A photocopy of the identity document of his/her legal representative must also be submitted.	Type of identification document*: No. *:	Relation to minor*:	
Address*:		Contact number*:	Mobile phone*:	
Purpose of the medical certificate (specify the nature of the labour to be provided during the employment) <u>Office work.</u>				
Information on the employer intending to employ the minor				
Name of the employer or entity: <u>On Kin company</u>				
Address: <u>Av. XX N°s. XX, Edif. XX, Macau</u> Contact Number: <u>61234567</u>				

Note: I hereby declare that I give my full consent to the performance of the physical checkup and to the delivery of the corresponding medical certificate to the employer or lawful representative thereof.

Signature of the minor or of his/her legal guardian, should he/she be under the age of 16:

李安健

Date: 07 de 01 de 2019

(day/month/year)



Direcção dos Serviços para os Assuntos Laborais

Physical Checkup Notification

Remarks:	Receipt
<ul style="list-style-type: none"> ● DSAL enquiry hotline: no. 2871 9936. ● Under the terms of article 28 of Law no. 7/2008, the authorization of the legal guardian is required whenever labour is to be provided by a minor. 	Name of the minor: _____ Exam venue: Qualified medical institute within the MSAR: _____
NOTE: Minors undergoing a physical checkup should bring along their identification document and this notification.	Signature of the DSAL officer who received the declaration: