

**【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**

<b>Name of the minor</b>	In Chinese characters	In Latin script	<input type="radio"/> M <input type="radio"/> F	Date of birth	____/____/____ (day/month/year)
Address:				BIR No.:	
Contact no.:	Mobile phone number:		Educational Background <input type="radio"/> Primary education <input type="radio"/> Lower secondary education <input type="radio"/> Upper secondary education <input type="radio"/> Others (specify) _____		
<b>Name of legal guardian</b>	Type of identification document: No. :		Relation to minor:		
Address:		Contact number:	Mobile phone:		
<b>Purpose of the medical certificate (specify the nature of the labour to be provided during the employment)</b>					
_____					
<b>Information on the employer intending to employ the minor</b>					
Name of the employer or entity:					
_____					
Address: _____					
_____ Contact Number: _____					

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:

\_\_\_\_\_

Date: \_\_\_\_ of \_\_\_\_ of \_\_\_\_

(day/month/year)



**Direcção dos Serviços para os Assuntos Laborais**

Physical Checkup Notification

<b>Remarks:</b>	<b>Receipt</b>
<ul style="list-style-type: none"> <li>● DSAL enquiry hotline: no. 2871 9936.</li> <li>● 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.</li> </ul>	Name of the minor: _____ Exam venue: <b>Qualified medical institute within the</b>  <b>MSAR:</b> _____
NOTE: Minors undergoing a physical checkup should bring along their identification document and this notification.	Signature of the DSAL officer who received the declaration: