

Date: _____

To: Whom it may concern

Medical Certificate

(to be completed by a doctor practising outside Hong Kong who performed the Sex Re-assignment Surgery (SRS) and qualified to practise surgery in the place where the SRS was conducted)

Re: _____ (name)

Holder of Hong Kong Identity Card no. _____ /

Travel Document Type and no. _____ *

I certify that the above-named person has undergone –

a female to male SRS, which includes

- (i) removal of the uterus and ovaries; and
- (ii) construction of a penis or some form of a penis.

a male to female SRS, which includes

- (i) removal of the penis and testes; and
- (ii) construction of a vagina.

Signature of doctor: _____

Name in block letters: _____

Medical qualification: _____

(Country): _____

(Institute): _____

Contact information (Tel): _____ (Fax): _____

(Address): _____

(E-mail): _____

* Please delete where appropriate