

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

To: Whom it may concern

**Medical Certificate**

*(to be completed by a registered doctor practising in Hong Kong)*

Re: \_\_\_\_\_ (name)

Holder of Hong Kong Identity Card no. \_\_\_\_\_/

Travel Document Type and no. \_\_\_\_\_\*

**PART A**

For the purpose of supporting the application for amendment of sex entry on the Hong Kong identity card of the above-named person, I [certify / am satisfied<sup>1</sup>]\* that the above-named person has undergone –

a female to male sex re-assignment surgery (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.

**PART B (if the SRS was not performed by the doctor completing this form)**

My assessment was based on the following evidence:

clinical examination / operation record / pathology report / radiological report /  
others (please specify: \_\_\_\_\_) \*

Signature of doctor: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Medical registration no.: \_\_\_\_\_

<sup>1</sup> Please complete Part B if you are not the original doctor who performed the SRS

\* Please delete where appropriate