

中華傳道會劉永生中學
2025 至 2026 年家長通告(第 27 號)

敬啟者：

青少年護齒共同治理先導計劃

衛生署於 2025 年 3 月推出「青少年護齒共同治理先計劃」，透過政府資助及市民共付形式，鼓勵青少年使用牙科服務，定期接受口腔檢查。合資格青少年可於每年接受一次資助服務，參加者須自行支付所選擇參加這計劃牙醫所釐定的共付額。(不同牙醫收取的共付額有所不同)

本校配合衛生署的宣傳，向各家長介紹這個計劃。如 貴子女參加這計劃，需要完成以下程序。

1. 透過掃網描二維碼或瀏覽青少年護齒共同治理先導計劃站，搜尋參與這計劃的牙醫。(相關網站提供牙醫姓名、地址、電話號碼、收取的共付額等資訊)
2. 電話聯絡牙醫診所，預約到診日期。
3. 填妥申請表及口腔健康問卷。
4. 登記醫健通(未滿 16 歲同學需加入父/母的戶口)
5. 帶同表格、問卷及身份證到診。
6. 支付診所收取的共付金額。(政府每年資助\$200)

上述計劃及詳細資料，已附夾於通告內，家長可自行瀏覽，另每位學生已派發一份青少年護齒共同治理先導計劃申請表及口腔健康問卷，以供參閱。

懇請 台端於 12 月 22 日(星期一)或之前透過 GRWTH 回覆此通告。

此致
貴家長

中華傳道會劉永生中學校長



梅志業謹啟

2025 年 12 月 19 日



家長回條 (家長通告第 27 號)

(12 月 22 日 (星期一) 或之前透過 GRWTH 回覆)

本人已知悉家長通告 27 號青少年護齒共同治理先導計劃事宜：

家長/監護人 簽名：_____

學生姓名：_____

姓名：_____

班 別：_____

日期：_____

班 號：_____

青少年護齒

共同治理先導計劃

政府資助青少年口腔檢查
Government-subsidised dental
check-ups for adolescents



合資格人士每年可獲得一次口腔
檢查服務資助。



資助服務範圍

- 口腔健康風險評估
- 口腔檢查
- 洗牙
- 個人口腔護理建議
- 按風險評估結果提供牙面氟化物劑治療
- 口腔檢查結果報告

服務對象



1. 年滿13至17歲的青少年（或將於申請參與計劃的年度內年滿13歲。任何年滿18歲的人士將不再合乎資格）；
2. 持有有效香港身份證；及
3. 已登記加入「醫健通」。
16歲以下的合資格人士由代決人為其遞交加入「醫健通」的申請。



合資格人士請即登記



瀏覽青少年護齒共同治理先導計劃網站，選擇已加入計劃的牙科醫生並聯絡診所，申請參加計劃及預約診症日期。

診症前

填妥計劃申請表暨同意書及口腔健康問卷，並登記加入「醫健通」。（申請表可於網站下載）

診症當日

帶同填妥的表格、問卷及香港身份證前往牙科診所。計劃建議家長／監護人陪同合資格青少年應診。

資助與共付



政府會資助服務的部分費用，金額為每年\$200。計劃參加者只需支付牙科醫生所釐定的共付額。政府建議牙科醫生額外收取的共付額為\$200。計劃參加者須直接向牙科醫生支付共付額。



Primary Dental Co-care

Pilot Scheme for Adolescents

政府資助青少年口腔檢查
Government-subsidised dental
check-ups for adolescents



政府資助計劃
Government-funded programme



Each eligible person can receive the subsidised services once every calendar year.

Scope of Subsidised Services

- Oral health risk assessment
- Dental check-up
- Dental scaling
- Personalised self-care advice on oral care
- Fluoride application as risk-based follow-up
- Check-up report

Target Beneficiaries

1. Adolescent aged 13 to 17 (or will be aged 13 in the calendar year the application to enrol is made. A person will cease to be eligible once he/she reaches the age of 18);
2. Holds a valid Hong Kong Identity Card; and,
3. Has joined the Electronic Health Record Sharing System (eHealth).

For eligible persons aged below 16, a substitute decision maker (SDM) should register eHealth for him/her.

Eligible Persons May Enrol Now



Choose a participating dentist from the PDCC website and contact the dental clinic directly to enrol in the programme and book an appointment.

Before the appointment

Complete the Application and Consent Form and the Oral Health Questionnaire, and complete registration in eHealth. (Forms are available in PDCC website)

On the day of appointment

Bring the completed form, questionnaire and HKID card to the dental clinic. The parent / guardian is encouraged to attend the appointment with the adolescent.

Subsidy and Co-payment

The Government will provide a partial subsidy of \$200 for each subsidised visit annually. The Scheme Participant is required to pay the co-payment fee determined by the dentist. The Government recommends \$200 as the co-payment fee additionally charged by the dentist. Scheme Participant should pay the co-payment fee directly to the dentist.



青少年護齒共同治理先導計劃 Primary Dental Co-Care Pilot Scheme for Adolescents (PDCC)

Application and Consent Form

備註 Notes:

- 請使用黑色或藍色原子筆，以正楷填寫本表格。請勿使用塗改液或其他塗改工具。如需修改，申請者的家長或監護人（如本表格第三部分所述）應在其旁邊標記修訂內容及簽署。
Please use a black or blue ball pen to fill in this form in block letters. Do not use correction tools. If there are inaccuracies, the parent or guardian as stated in Part III should mark the amendments and initials next to them.
- 申請者在接受資助就診時，必須攜帶填妥並已簽署的表格和下方「第一部分」所述的身份證明文件正本。The applicant should bring along the completed and signed form AND the stated Identity Document in Part I below for the subsidised visit.
- 填妥並已簽署的表格將由參與是次計劃的牙科醫生或診所工作人員代衛生署收集。
The completed and signed form will be collected by the dentist or staff of the clinic on behalf of the Department of Health.

第一部分：申請者（子女）個人資料

Part I: Personal Particulars of the Applicant (the Child)

姓（英文）Surname (English)	名（英文）Other Name (English)						
中文姓名 Chinese Name	出生日期 Date of Birth	(日/月/年) (DD/MM/YYYY)					
身份證明文件號碼 Identity Document Number	性別 Gender	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female				
身份證明文件類型 Identity Document Type	<input type="checkbox"/> 香港身份證 Hong Kong Identity Card <input type="checkbox"/> 豁免證明書（或稱豁免登記證明書）Exemption Certificate						

第二部分：核對參與資格

Part II: Eligibility Checklist

- 申請者持有有效的香港身份證¹。
The applicant is a holder of a valid Hong Kong Identity Card.¹
- 申請者已登記加入電子醫療紀錄互通系統（醫健通）。
The applicant has registered with Electronic Health Record Sharing System (eHealth).
- 申請者的年齡介乎 13 至 17 歲（或將於本年內年滿 13 歲）²。
The applicant is aged 13 (or will be aged 13 in this calendar year) to 17.²

¹ 憑藉其已獲入境或逗留准許而獲簽發香港身份證，而該准許已經逾期或不再有效除外。Except that who obtained his/her Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him/her and such permission has expired or ceased to be valid.

² 為免生疑問，任何年滿 18 歲的人士將不再合乎資格。For the avoidance of doubt, a person will cease to be eligible upon reaching the age of 18.

第三部分：家長／監護人個人資料

Part III: Personal Particulars of the Parent/Guardian

身份證明文件號碼 Identity Document Number		與申請者的關係 Relationship	<input type="checkbox"/> 父親 Father <input type="checkbox"/> 法定監護人 Legal Guardian <input type="checkbox"/> 母親 Mother <input type="checkbox"/> 其他 Others: _____
身份證明文件類型 Identity Document Type	<input type="checkbox"/> 香港身份證 Hong Kong Identity Card <input type="checkbox"/> 其他身份證明文件 ³ Other Identity Document ³ 請註明 Please specify: _____		
姓 (英文) Surname (English)	名 (英文) Given Name	聯絡電話號碼 Contact Number	
中文姓名 Chinese Name	電郵地址 E-mail Address (如適用 if applicable)		

第四部分：同意及聲明

Part IV: Consent and Declaration

1. 本人已細閱最新版本的《參加者須知》和《收集個人資料聲明》，明白並同意其內容。

I have read and understood the most updated version of the Participant Information Notice and the Personal Information Collection Statement of the Programme, and agree to its content.

2. 本人同意申請者參加「青少年護齒共同治理先導計劃」。本人亦同意授權衛生署署長向政府部門及政策局索取學生的所有相關資料，以辦理報名手續，並確定學生是否屬符合資格人士。

I agree to enrol the above-named applicant in PDCC. I also give consent to authorise the Director of Health to obtain all relevant information relating to the applicant from Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of the applicant.

3. 本人明白政府只會資助計劃下指定的服務項目。如某種服務項目不在計劃範圍內，本人須全數承擔有關服務的費用。

I understand that only specific service items under the Programme are subsidised by the Government. When a service item falls outside the scope of the Programme, I shall bear all of the cost of such service at my own expense.

4. 本人明白計劃建議家長／監護人陪同申請者應診，以便和牙科醫生溝通和準確了解申請者的口腔狀況。本人明白並同意我若未能陪同申請者出席，牙科醫生／牙科診所可能按情況需要，以上方提供的電話號碼聯絡本人。

I understand that a parent / guardian is recommended to accompany the applicant in the subsidised visit for better communication with the dentist and accurate understanding of the oral conditions of the applicant. I understand and agree that the dentist / dental clinic may contact me at the contact number given above on a need basis if I cannot accompany the applicant.

5. 本人謹此聲明在本表格內填妥的資料均屬真確無訛。

I declare that all information provided in this form is true and correct.

家長／監護人簽署：

Parent/Guardian Signature: _____

日期：

Date: _____

For Dental Clinic Use

Staff Signature/ Clinic Chop: _____

Name of Staff: _____

Date: _____

³ 其他身份證明文件包括領事團身份證、豁免證明書（或稱豁免登記證明書）、澳門身份證、單程證、擔保書（行街紙）、其他國家／地區發出之旅遊證件、中華人民共和國發出之其他旅遊證件及雙程證。Other Identity Documents include Consular Corps Identity Card, Exemption Certificate, Macao ID Card, One-way Permit, Recognizance, Travel Document – Overseas, Travel Documents – PRC and Two-way Permit.

青少年護齒共同治理先導計劃
Primary Dental Co-Care Pilot Scheme for Adolescents (PDCC)

口腔健康問卷

Oral Health Questionnaire

蛀牙和牙周病的風險評估 Risk Assessment for Dental Caries and Periodontitis							
蛀牙風險 Dental Caries Risk							
1.	每天使用含氟化物牙膏次數 Frequency of using fluoridated toothpaste per day	從不 Never <input type="checkbox"/>	1 次 Once <input type="checkbox"/>	2 次或以上 Twice or more <input type="checkbox"/>	不知道 Don't know <input type="checkbox"/>		
2.	每天正餐以外吃喝次數 Frequency of snacking between meals per day	0 次 No <input type="checkbox"/>	1 次 1 time <input type="checkbox"/>	2 次 2 times <input type="checkbox"/>	3 次 3 times <input type="checkbox"/>	4 次或以上 ≥4 times <input type="checkbox"/>	不知道 Don't know <input type="checkbox"/>
牙周病風險 Periodontitis Risk							
1.	每天吸煙支數 Number of cigarettes smoked per day	從不 Never <input type="checkbox"/>	1 - 10 支 1-10 cigarettes <input type="checkbox"/>	11 - 20 支 11-20 cigarettes <input type="checkbox"/>	21 支或以上 ≥ 21 cigarettes <input type="checkbox"/>	不知道 Don't know <input type="checkbox"/>	

過去 3 個月內與牙齒/口腔相關的負面影響 Negative impacts related to teeth/mouth during the past 3 months						
<p>在過去 3 個月內，你是否經常出現以下與牙齒或口腔有關的問題（包括唇、顎骨和牙齦）？（每項請以✓選一個答案） In the past 3 months, how often have you had the following problems related to the teeth or mouth (including the lips, jaws and temporomandibular joints)? (Please choose <u>one</u> answer for each item by marking with a ✓)</p>						
		從不 Never	1 - 2 次 Once or twice	有時候 Sometimes	經常 Often	通常 Very often
1.	口腔出現潰瘍（疳滋）或疼痛點 Mouth sores					
2.	有口氣 Bad breath					
3.	難以入睡 Trouble sleeping					
4.	發音有困難 Difficult to say any words					
5.	介意其他人對你口腔或牙齒情況的想法 Concerned with what other people think					
6.	感到不開心 Upset					
7.	與朋友或家人爭吵 Argued with other children or your family					
8.	被人取笑或改花名 Teased / called names by other children					

你是否患有糖尿病？ Are you a diabetic patient?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
------------------------------------------	-----------------------------------	----------------------------------