



澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

Ref.: D-001/F/SCS

身心障礙支援服務 Disability Support Services
身心障礙診斷表 Disability Assessment Form

收集個人資料聲明 Personal Data Collection Statement

- 澳門大學根據第1/2006號法律作為一所公立高等教育機構，將處理在本表格內所收集的個人資料作舉辦活動、提供服務及聯絡之用。
The University of Macau being a public institution of higher education as set in Law No. 1/ 2006, will process the personal data collected on this form for activity organization, service providing and contact purposes.
- 申請人有權依法申請查閱、更正或更新其存於本校的個人資料。
The applicants have the right to access, rectify or update their personal data stored at UIM.

由澳門大學學生填寫 To be filled by UM student	
中文姓名 Name in Chinese	外文姓名(拼音) Name in Block Letters
性別 Gender	學生證編號 Student I.D. No.
學院 Faculty	主修課程 Major
電話 Tel.	電郵 Email

由專科人士填寫 To be filled by medical professional	
專科人士姓名 Name of Professional	所屬醫院 / 中心 / 診室 Affiliated Hospital / Center / Clinic
職銜或資格 Title or Credential	電話 Tel.
所鑒定的身心障礙類別 Types of disability identified	
診斷過程中所使用的步驟或測試 Procedures or tests used in the diagnosis	

該身心障礙對身體功能所帶來的影響 ~ 請轉後頁 Please Turn Over ~ (遍性)

Functional impact of the disability (Please identify the severity, frequency and pervasiveness of the disability)

該身心障礙的預期進展或衰退狀況

Typical progression or prognosis of the condition

建議大學提供的支援服務及措施

Recommendations to the university for offering support service and accommodations

簽名及蓋章

Signature and Chop

日期

Date

學生輔導處專用 For Student Counselling Section Use Only

編號 No.: _____

學生事務部-學生輔導處
Student Affairs Office
Student Counselling Section

電話 Tel.: 88224901

電郵 Email: sao.disability@um.edu.mo

網頁 Webpage: www.um.edu.mo/sao

學生活動中心(E31)2樓 2009 室

Room 2009, 2nd floor, Student Activity Centre (E31)

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