



## Application for Exemption from Staged Supply Service

The Patient, \_\_\_\_\_ (name), with Patient Card no. \_\_\_\_\_,

ID Card no. \_\_\_\_\_, for the reason stated below, hereby applies to be exempted from the Staged Supply Service.

- Living outside Macao for extended periods of time: Copy of proof of residence or Personal Movement Record issued by the Public Security Police Force attached
- Working outside Macao or as fisherman or seafarer for extended periods of time: Copy of proof of occupation or other documentary proof attached
- Studying outside Macao for extended periods of time: Copy of proof of enrolment or school attendance certificate attached
- Outbound travel (from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_): Copy of flight / train / bus / ferry ticket or other documentary proof or personal declaration attached
- Special reason: Letter / copy of supporting documents attached

For those collecting medicines at CHCSJ hospital outpatient pharmacy only

- With immobility or disability

### Important notes:

- The exemption period is up to one year from the date of approval. Patients may apply for renewal if necessary. For applications on grounds of outbound travel, only prescriptions that fall within the travel period can be exempted.
- Each application can only select one of the above reasons. Applications that do not meet the above conditions or fail to clearly specify their reason will not be considered.
- In general, application will be processed in 5 working days from the day after the application is received (except in special circumstances). For applications on grounds of a special reason, a separate letter or relevant proof should be submitted, and the processing time will take 10 working days from the day after the application is received.
- In cases involving special medications such as controlled narcotic and psychotropic drugs, extra-formulary drugs, expensive drugs, medicines requiring special storage conditions and medicines that are in short supply, the Health Bureau reserves the right to reject the exemption application or withdraw a granted exemption.
- According to article 9 of Decree-Law no. 34/99/M, persons entering or leaving the territory of Macao may carry, for their own use, substances and preparations listed in Tables IA, II-B, II-C, III and IV in quantities not exceeding those required for 30 days of treatment, provided that they present a medical document justifying its use.
- The applicant will be notified of the application result via SMS.
- No new application can be submitted when an application is undergoing approval procedure.

If you, the Patient (or the Patient's Representative), understand and agree to above important notes, please sign below.

Patient's (or Representative's) signature: \_\_\_\_\_ Representative's ID no.: \_\_\_\_\_

Mobile phone for receiving SMS: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Please submit the completed form and a copy of the supporting documents (**the originals must be presented for verification**) to the **Registration Desk at the Lobby of Conde de S. Januário General Hospital or Health Centres**.

<b>Internal Use Only</b>	<input type="checkbox"/> Supporting docs received	Date received: ___ / ___ / ___
<input type="radio"/> Approved, for the period from ___ / ___ / ___ to ___ / ___ / ___		
<input type="radio"/> Not approved, reason: _____		
Signature and stamp of approving official: _____		Date: ___ / ___ / ___
<input type="checkbox"/> SMS sent to notify applicant of the application result, on: ___ / ___ / ___		
Sender's signature and staff no.: _____		



## Exemption from Staged Supply Service - personal declaration

Patient Name \_\_\_\_\_, Patient Card no. \_\_\_\_\_,  
ID Card no. \_\_\_\_\_,

for the reason of outbound travel, applies to be exempted from the Staged Supply Service of outpatient medicine, and hereby declare, due to \_\_\_\_\_  
\_\_\_\_\_ (reason), cannot provide  
(depart、return) flight/train/bus/ferry tickets of the trip to \_\_\_\_\_  
\_\_\_\_\_ (destination),

Departure date (depart Macau) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

return date (arrival Macau) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of declarant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_