



Name of the Applicant: \_\_\_\_\_

Infectious Disease	Privileges Applied by Applicant	Privileges Granted by CUHKMC
<b>(A) Core Privileges</b>		
1. To admit, evaluate, diagnose, consult, perform history and physical exam and provide treatment to patients presenting with infectious diseases, including opportunistic infections in immunocompromised hosts, returned travellers and HIV patients. To provide expert advices on vaccination and travel medicine		
2. Provision of on-call in-patient infectious disease consultation service		
3. Management and provision of out-patient infectious disease clinic service		
4. Management and provision of out-patient travel clinic service		
5. Clinical management of in-patients with infectious disease		
<b>(B) Others (Please specify)</b>		
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Signature of Applicant

\_\_\_\_\_

Date (dd/mm/yyyy)

*(Form version: 20240925)*

**For Official Use only**

Approved by:

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

Name & Title: \_\_\_\_\_