

Consent to Use Vaccination Subsidy
Childhood Vaccination Subsidy Scheme (PCV13#booster)
Department of Health

eHealth System Transaction No. :
TS
(For Doctor's Use)

PCV13 stands for 13-valent Pneumococcal Conjugate Vaccine

Note: Please complete this form in BLOCK letters using black or blue pen.

(To be completed by parent or legal guardian) *Delete as appropriate			
I consent to use Government subsidy for <i>my child/ward*</i> to receive 13-valent Pneumococcal Conjugate Vaccination under the Childhood Vaccination Subsidy Scheme (PCV 13 booster) with details as follow:			
Name of Doctor		Date of Vaccination	/ / 201 (dd/mm/yyyy)
Place of Vaccination	(please specify the name of the venue where the vaccination is provided)		
I declare <i>my child/my ward*</i> has never received vaccination of 13-valent Pneumococcal Conjugate Vaccine (PCV13) on or before the Date of Vaccination as specified above.			
I declare that I have read the information leaflet regarding PCV13 vaccination (Form No. CVSS_PCV13_INF246E) which is obtainable from clinics of doctors participated in this scheme or the Centre for Health Protection website (www.chp.gov.hk).			
(Note: A child is eligible for vaccination subsidy for PCV13 if the child has never received PCV13 and is born on or between 26 Nov 2008 to 30 June 2012; on the day of vaccination.)			
The personal particulars of my child/ward* (as stated on the identity document) Please tick the box as appropriate.			
Name	(English)	(Chinese)	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yyyy
Identity document (Please select an identity document and tick a box as appropriate and fill in the information required)			
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ()		
<input type="checkbox"/> Hong Kong Identity Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ()	Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy
<input type="checkbox"/> Hong Kong Re-entry Permit No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yyyy
<input type="checkbox"/> Document of Identity - Document No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yyyy
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) – Birth Entry No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ()	Permitted to remain until	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yyyy
<input type="checkbox"/> Non-Hong Kong Travel Document No. Visa / Reference No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> ()		
<input type="checkbox"/> Certificate issued by the Birth Registry for adopted children – No. of Entry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my child's/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to the doctor to transfer and release my child's/ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether my child/ward has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read my child's/ward's personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] stored in the chip embodied in my child's/ward's Smart Identity Card for the use by Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data".
4. This consent shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
5. I have read this consent carefully and fully understood my obligations and liability under this consent.

Signature: _____

Date: _____(dd/mm/yyyy)

Name: _____

Relationship with the vaccine recipient:

Telephone Number: _____

Father Mother Guardian

Statement of Purpose of Collection of Personal Data

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) for creation, processing and maintenance of an eHealth account, payment of subsidy, and the administration and monitoring of the Government's Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (b) for statistical and research purposes; and
 - (c) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

Classes of Transferees

4. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

5. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:

Executive Officer,
Vaccination Office,
Centre for Health Protection,
2/F, 147C Argyle Street, Kowloon
Telephone No.: 2125 2125