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| 學校／服務機構編號 | **Symbol** **衞生署****院舍防疫注射計劃****為於指定機構接受服務的****智障人士（非住院舍）提供流感疫苗****疫苗接種同意書** | 醫健通（資助）系統交易編號 |
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 |
| 季節性流感疫苗接種記錄 | 2024/25接種日期(日/月/年) |
|  |
| 單劑 / 第一劑  |  / / |
| 第二劑（如適用） |  / / |
| 到診註冊醫生姓名： |
| 注意： | 1. 請用黑色或藍色筆以正楷填寫本同意書。
2. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。
 |
| **甲部　服務使用者個人資料 *（以身份證明文件所載者為準）*** |
| 姓名 |        | （中文） |        | （英文） |
| 出生日期 |

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 | 性別 | [ ]  男 | [ ]  女 |
| 中文電碼（如適用） |

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| **身份證明文件**（請選擇下列其中一項身份證明文件，並在適當的位置加上“ ×”號及填寫所需資料）註：(1) 年滿十一歲的香港居民必須填寫香港身份證或豁免登記證明書。 (2) 如何正確填寫身份證明文件樣本簽發日期，請參考指引附件「身份證明文件樣本」 |
| [ ]  香港身份證號碼 |

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 |
| [ ]  豁免登記證明書編號 |

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| 檔案編號 |

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 |
| 豁免登記證明書上的香港身份證號碼 |

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| [ ]  香港出生證明書登記號碼 |

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| [ ]  香港特別行政區回港證號碼 |

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| [ ]  香港特別行政區簽證身份書號碼 |

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| [ ]  香港居留期許可證(ID 235B)出生登記編號 |

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| [ ]  非香港旅遊證件號碼 |

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| 簽證／參考編號 |

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| [ ]  生死登記處發出被領養兒童的領養證明書記項編號 |

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| **乙部　承諾及聲明**  |
| **供服務使用者的家長／監護人填寫**（請在適當的位置加上“× ”號） |
| [ ]  本人確認以上服務使用者為智障人士，現同意以上服務使用者接種季節性流感疫苗。 |
| 如服務使用者是九歲以下，並從未接種季節性流感疫苗，本季度可接種兩劑季節性流感疫苗。今次是： |
| [ ]  第一劑季節性流感疫苗 | [ ]  第二劑季節性流感疫苗 |
| 如服務使用者是九歲以下，並在以往季度已接種季節性流感疫苗，本季度只需接種一劑（即單劑）季節性流感疫苗。 |
| [ ]  單劑季節性流感疫苗 |  |  |
| 本人在此同意書中所提供的資料全屬真確。本人同意把此同意書內服務使用者的個人資料及向醫護人員所提供的資料供政府用於收集個人資料目的所述的用途。 |
| 家長／監護人簽署（如不會讀寫，可印上指模；而見證人需填寫**丙部**） |  | 家長／監護人姓名 |        |
| 香港身份證號碼或社會福利署職員編號 |

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| 與服務使用者的關係 | ⬜家長 | ⬜監護人 | 日期 |

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| **丙部　供見證人填寫（如服務使用者或服務使用者的家長／監護人面不會讀寫）** |
| 本人見證此同意書已在服務使用者的家長／監護人面前朗讀及解釋。 |
| 見證人簽署 |  | 見證人姓名 |        |
| 香港身份證號碼（例：A123） |

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| **收集個人資料目的****收集資料的目的**1. 所提供的個人資料，會供政府作下列一項或多項用途：
	1. 開設、處理及管理醫健通（資助）戶口，注射費付款，以及執行和監察院舍防疫注射計劃，包括但不限於通過電子程序與入境事務處的數據核對；
	2. 作統計和研究用途； 以及
	3. 作法例規定、授權或准許的任何其他合法用途。
2. 就是次到診作出的疫苗接種記錄，可給公營及私營醫護人員取得，作為決定及提供服務使用者所需要的醫療服務的用途。
3. 提供個人資料乃屬自願性質。如果你不提供充份的資料，可能無法在此計劃下獲得疫苗接種。

**接受轉介人的類別**1. 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第1、2段所列目的而向其他機構和第三者人士披露。

**查閱個人資料**1. 根據《個人資料（私隱）條例》(香港法例第486章) 第18 和第22條以及附表1 保障資料原則第6原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

**查詢**如欲查閱或修改有關提供的個人資料，請聯絡衞生署項目管理及疫苗計劃科（電話號碼：3975 4455）。 |