



**2021/22**

# **Vaccination Subsidy Scheme**

**Operations of the Vaccination Subsidy Scheme  
and eHealth System (Subsidies)**

**July 2021**



**衛生署**  
Department of Health



- **1. Basic Principles**
- **2. Consent Forms**
- **3. VSS Outreach Activities**
- **4. Common Problems in Making Claims**



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# 1. BASIC PRINCIPLES



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# Basic Principles - Enrolment

Enrolment	
Online Enrolment	<a href="https://apps.hcv.gov.hk/eform/main.aspx?lang=zh">https://apps.hcv.gov.hk/eform/main.aspx?lang=zh</a>
Paper Enrolment	<a href="https://www.chp.gov.hk/tc/features/45858.html">https://www.chp.gov.hk/tc/features/45858.html</a>

**Doctors should read through the following documents in details:**

- [Appendix J: Vaccination Subsidy Scheme Definitions Terms and Conditions of Agreement \(VSS Agreement\)](#)
- [VSS 2021/22 Doctors' Guide](#)

# Basic Principles – Ascertain Eligibility and Obtain Consent

- Check vaccination history with client and check vaccination records in the eHS(S), including COVID-19 vaccination
- Ascertain availability of subsidy to receive the vaccination
- Complete and sign the "Consent to Use Vaccination Subsidy" form before vaccination



# Check Vaccination History

Vaccination record will pop up when you enter the "Enter Details" page as you create claim for the recipient

主頁 登出

**申報**

1. 搜尋醫健通(資助)戶口 >>> 2. 輸入詳情 3. 輸入詳情

**戶口資料**

身份證明文件  
姓名: HO, MEI LAI (何美麗)  
香港身份證號碼 / 符號標記: B345XXX(X)/A

**疫苗接種記錄**

香港身份證  
出生日期 / 性別: [blank] / [blank]  
簽發日期: [blank]

**申報資料**

執業處所: **ABC Medical Centre (1)**

計劃: 疫苗資助計劃

提供醫療服務日期: 02-07-2021

類別:  長者

智障人士

領取傷殘津貼 / 社會福利署綜援計劃標準金額類別為「殘疾」

資助	劑	資助金額
<input type="checkbox"/> QIV-E 2020/21	唯一一劑	\$240
<input type="checkbox"/> 23vPPV	唯一一劑	\$300
合共資助金額		\$0

使用者情況:  有高風險  沒有高風險

取消 申報

or click here to view vaccination record

2020/21 疫苗資助計劃 Vaccination Subsidy Scheme

**疫苗接種記錄**

**戶口資料**

身份證明文件: 香港身份證  
姓名: HO, MEI LAI (何美麗) 出生日期 / 性別: 04-04-1940 / 女性  
香港身份證號碼: B345678(9) 簽發日期: 01-01-2020

**疫苗接種記錄**

記錄數目: 醫健通(資助)系統: 1 醫院管理局: 0 衛生署: 0

注射日期	疫苗	劑	資料提供者	備註
2021年06月06日	CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated	第一劑	參與醫生 (醫健通(資助)系統)	

第 1 頁 共 1 頁 (共 1 項記錄)

Before providing SIV or pneumococcal vaccination, doctors should check the recipient's vaccination record to make sure that 14 days have passed from the date of receiving COVID-19 vaccination.

# Check Vaccination History

主頁 登出  重新列印疫苗接種記錄

## 2019冠狀病毒病疫苗接種計劃

1. 搜尋醫健通(資助)戶口 >>> 2. 輸入詳情 3. 完成疫苗接種記錄

### 輸入詳情

● 戶口資料

疫苗接種記錄

身份證明文件 香港身份證  
 姓名 CHAN, TAI MAN (陳大文) 出生日期 簽發日期  
 香港身份證號碼 A123XXX(X)

● 2019冠狀病毒病疫苗接種記錄

注射日期	疫苗	疫苗序號
找不到2019冠狀病毒病疫苗接種記錄。		

● 疫苗資料

執業處所 ABC Medical Centre (1)

計劃 疫苗資助計劃

注射日期 2021年07月02日

類別 請選擇 ---

子類別

疫苗 CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated

批次編號 請選擇 ---

疫苗序號 第一劑

聯絡電話 (請輸入可接收香港短訊通知的聯絡電話)

備註

### 疫苗接種記錄

● 戶口資料

身份證明文件 香港身份證  
 姓名 CHAN, TAI MAN (陳大文) 出生日期 / 性別 12-12-1956 / 男性  
 香港身份證號碼 A123456(7) 簽發日期 01-01-2020

● 疫苗接種記錄

記錄數目:

醫健通(資助)系統	醫院管理局	衛生署
0	1	0

注射日期	疫苗	劑	資料提供者	備註
1 2021年02月21日	季節性流感 2020/2021 (四價)	不適用	醫院管理局	

免責聲明

本頁所提供的病人疫苗接種記錄(只包括肺炎球菌疫苗、季節性流感疫苗、麻疹疫苗、人類猿型流感疫苗及2019冠狀病毒病疫苗接種記錄)乃資料之所有記錄,有關資料並非絕對詳盡無遺。建議服務提供者先與病人核實有關接種疫苗的記錄,才為病人接種。

關閉

*Before providing COVID-19 vaccination, doctors should check the recipient's vaccination record to make sure that 14 days have passed from the date of receiving other vaccination.*

# Basic Principles – Subsidy and Service Charge

- Enrolled doctors can claim reimbursement for vaccinations provided to target groups and can charge service fee
- Service fee should be shown on VSS price poster and the information will be uploaded to <https://apps.hcv.gov.hk/Public/en/SPS/Search> for search by the public





# Basic Principles – Subsidy and Service Charge

- For different Service Fees using LAIV or IIV (i.e. QIV), the website will only display the Service Fee of IIV
- Service fee means **ALL** fees related to the vaccination, including booking fees, health assessment fees or any fees



# Basic Principles – Submit Claims

- To prevent input error, doctors are encouraged to use smart card reader for recipient using Hong Kong Identity Card
- Doctors should submit claims through eHealth System (Subsidies) only **after vaccination has actually been given**

# Basic Principles – Submit Claims

- Make claims **immediately** (within 7 days) after the vaccination (vaccination day is regarded as day 1)
- Keep record for **at least 7 years**



# Basic Principles – Confirmation of Claims

- If the claim is entered by the doctor's delegates using "Data Entry Account", the doctor is required to login to eHS(S) and confirm the transaction records entered by his/her delegates
- The doctor should confirm the transactions ASAP to ensure timely processing of claims





## 2. CONSENT FORMS



衛生署  
Department of Health

# Consent Forms

## Types of Consent Forms

### Setting(s) applicable



Elderly aged 65 years or above

Clinic +  
Non-clinic



Non-elderly aged under 65 years

Clinic +  
Non-clinic



School children under VSS School Outreach  
(Extra Charge Allowed) Programme

VSS School  
Outreach  
**Only**



# Sample of Consent Form for Elderly

適用於年屆 65 歲或以上長者

Check the target group

衛生署  
疫苗資助計劃  
使用疫苗資助同意書

醫健通 (資助) 交易號碼 (由醫生填寫)

只可填寫一個交易號碼

ONE

Transaction number for

ONE Consent Form

IG

-

-

注意：請用黑色或藍色筆以正楷填寫本同意書並在適當位置加上“✓”號及 \* 刪去不適用者。

如果同時接種兩種疫苗，只須填寫一份同意書，如並非同時接種，須分別填寫兩份同意書。

在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

\*\*\*\*\*

本人同意使用政府在疫苗資助計劃下提供的資助為本人接種季節性流感疫苗 / 肺炎球菌疫苗，詳情如下：

醫生姓名	<i>Dr CHAN, Tai Man</i>	接種日期	<i>23 January 2022</i>
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接種疫苗地點名稱	<i>Super Healthy Medical Centre (Central)</i>
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疫苗種類 (請在適當位置加上“✓”號)

四價季節性流感疫苗

23 價肺炎球菌多醣疫苗 (23 價疫苗)# 或  13 價肺炎球菌結合疫苗 (13 價疫苗)#

# 沒有高風險情況的長者可獲資助接種一劑 23 價疫苗；

有高風險情況的長者可獲資助接種一劑 13 價疫苗及一年後接種一劑 23 價疫苗。兩劑的接種最少相隔一年時間。

Tick as appropriate

登記參與計劃的主診醫生確認長者有高風險情況：

*SIGNATURE*

登記參與計劃的主診醫生簽署確認

Sign to confirm the recipient is of high risk condition

(Tentative)

# Sample of Consent Form for Persons aged below 65

適用於 65 歲以下人士

Check the target group

衛生署  
疫苗資助計劃  
使用疫苗資助同意書

醫健通 (資助) 交易號碼 (由醫生填寫)  
 只可填寫一個交易號碼  
 TG - -

ONE Transaction number for ONE Consent Form

注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。  
在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。  
請在適當位置加上“√”號及 \* 刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助為本人 / 本人的子女 / 受監護者 \* 接種季節性流感疫苗，詳情如下：

醫生姓名	<i>Dr CHAN, Tai Man</i>	接種日期	<i>23 January 2022</i>
接種疫苗地點名稱	<i>Owners' Corporation Office, Peaceful Garden</i>		
季節性流感疫苗種類及劑次 (請在適當位置加上“√”號)			
<input checked="" type="checkbox"/> 滅活四價疫苗 (注射式)	9 歲或以上人士： <input type="checkbox"/> 本季度唯一一劑 9 歲以下兒童但過往季度曾接種季節性流感疫苗： <input type="checkbox"/> 本季度唯一一劑 9 歲以下兒童並從未接種季節性流感疫苗： <input type="checkbox"/> 本季度第一劑 <input checked="" type="checkbox"/> 本季度第二劑		
<input type="checkbox"/> 滅活四價疫苗 (噴鼻式)			

If it is an outreach activity, the venue shall tally with information in notification form

Tick as appropriate

LAIV can be used for people 2-49 years of age except those who are pregnant, immunocompromised or with other contraindications

(Tentative)



# Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

## 適用於參與疫苗資助學校外展（可額外收費）計劃之學童

衛生署  
疫苗資助計劃  
使用疫苗資助同意書

醫健通（資助）交易號碼（由醫生填寫）  
只可填寫一個交易號碼  
TG \_\_\_\_\_

注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。  
在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。  
請在適當位置加上“✓”號及\* 刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人的子女 / 受監護者 \* 接種季節性流感疫苗，詳情如下：

醫生姓名	接種日期
就讀學校名稱	班級及學號
<b>季節性流感疫苗種類及劑次</b> (請在適當位置加上“✓”號)	
<input type="checkbox"/> 滅活四價疫苗 (注射式)	<input type="checkbox"/> 9歲或以上學童： <input type="checkbox"/> 本季度唯一劑 <input type="checkbox"/> 9歲以下學童但過往季度曾接種季節性流感疫苗： <input type="checkbox"/> 本季度唯一劑
<input type="checkbox"/> 滅活四價疫苗 (噴霧式)	<input type="checkbox"/> 9歲以下學童並於過往季度從未接種季節性流感疫苗： <input type="checkbox"/> 本季度第一劑 <input type="checkbox"/> 本季度第二劑
<b>接種疫苗者個人資料</b> (以身份證明文件所載者為準)	
姓名： _____ 英文 (姓氏) (名字)	中文 (姓氏) (名字)
出生日期： ____/____/____ (日/月/年/年/年)	性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女
<b>身份證明文件</b> (請選擇下列其中一項身份證明文件，在適當位置加上“✓”號及填寫所需資料)	
<input type="checkbox"/> 香港出生證明書登記號碼： _____ ( )	
<input type="checkbox"/> 香港居民身份證號碼： 簽發日期： ____/____/____ (日/月/年/年/年)	身份證號碼標記： <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> 香港特別行政區回港證號碼 (以“RM”或“RS”開首)： 簽發日期： ____/____/____ (日/月/年/年/年)	R   _____
<input type="checkbox"/> 香港特別行政區簽證身份書證件號碼 (以“D”開首)： 簽發日期： ____/____/____ (日/月/年/年/年)	D   _____
<input type="checkbox"/> 香港居留許可證 (ID 235B) 出生登記編號： 獲准逗留至： ____/____/____ (日/月/年/年/年)	_____ ( )
<input type="checkbox"/> 非香港旅遊證件號碼 (例：外地簽發的護照)： 香港入境處簽證 / 參考編號： _____	_____ ( )
<input type="checkbox"/> 生死登記處發出被領養兒童的領養證明書記項編號： _____	_____ / _____
<input type="checkbox"/> 如未持有以上證件，請附上其他身份證明文件副本： 證件號碼： _____	_____

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請於下頁繼續填寫及簽署 頁 1/2

本人已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的，並確認以上接種疫苗者現正就讀香港的小學或幼稚園 / 幼稚園暨幼兒中心 / 幼兒中心。

父母 / 監護人簽署： \_\_\_\_\_  
父母 / 監護人姓名： \_\_\_\_\_  
與接種疫苗者的關係：父 母 監護人  
聯絡電話號碼： \_\_\_\_\_  
日期： \_\_\_\_\_

### 承諾及聲明

- 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
- 本人同意把此同意書中本人子女 / 受監護者的個人資料及有關是次會診的任何資料供政府用於「收集個人資料目的」所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人子女 / 受監護者使用政府資助以接種疫苗事宜。
- 此同意書受香港特別行政區法律管轄，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權。
- 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

### 收集個人資料目的

#### 收集個人資料目的

- 所提供的個人資料，會供政府作下列一項或多項用途：
    - 開設、處理及管理醫健通（資助）戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於通過電子程序與人境事務處的數據核對；
    - 作統計和研究用途；以及
    - 作法規規定、授權或准許的任何其他合法用途。
  - 就是次會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。
  - 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法使用資助。
- 接受轉介人士的類別**
- 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 段所列收集資料的目的而向其他機構和第三者人士披露。

#### 查閱個人資料

- 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：  
行政主任(疫苗資助計劃)  
地址：九龍亞皆老街 147C 衛生防護中心二樓 A 座  
電話：2125 2125

DH\_VSS (07/20)

頁 2/2

# Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

**適用於參與疫苗資助學校外展(可額外收費)計劃之學童**

衛生署  
疫苗資助計劃  
使用疫苗資助同意書

只可填寫一個交易號碼  
IG

注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。請在適當位置加上“✓”號及\*刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人的子女 / 受監護者 \* 接種季節性流感疫苗，詳情如下：

醫生姓名	接種日期
就讀學校名稱	班級及學號

滅活四價疫苗 (注射式)
  滅活四價疫苗 (噴鼻式)

9歲或以上學童：  
 本季度唯一劑  
 9歲以下學童但過往季度曾接種季節性流感疫苗：  
 本季度唯一劑  
 9歲以下學童並於過往季度從未接種季節性流感疫苗：  
 本季度第一劑  本季度第二劑

接種疫苗者個人資料 (以身份證明文件所載者為準)

姓名：  
英文 (姓氏) (名字) 中文 (姓氏) (名字)

出生日期： / / (日/月/年/年/年) 性別：男 女

身份證明文件 (請選擇下列其中一項身份證明文件，在適當位置加上“✓”號及填寫所需資料)

香港出生證明書登記號碼：  
 香港居民身份證號碼：  
 簽發日期： / / (日/月/年/年) 身份證符號標記：A C R U  
 香港特別行政區回港證號碼 (以“RM”或“RS”開首)：  
 簽發日期： / / (日/月/年/年/年) R  
 香港特別行政區簽證身份書證件號碼 (以“D”開首)：  
 簽發日期： / / (日/月/年/年) D  
 香港居留期許可證 (ID 235B) 出生登記編號：  
 獲准逗留至： / / (日/月/年/年/年) (  
 非香港旅遊證件號碼 (例：外地簽發的護照)：  
 香港入境處簽證 / 參考編號：  
 生死登記處發出被領養兒童的領養證明書記項編號：  
 如未持有以上證件，請附上其他身份證明文件副本： 證件號碼：

*This form is applicable for **students** participating in this Programme **only**.*

*For students receiving vaccinations in clinics or other eligible persons, they should use the other two types of consent forms.*

*Fill in the name of school **in full**, the class and class number of the student.*

*For students who are **Hong Kong** residents, the accepted identity documents are the same as those for vaccinations at clinic setting.*

*For students who are **not** Hong Kong residents, they can provide other identity documents.*

(Tentative)

# Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

本人已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的，並確認以上接種者現正就讀香港的小學或幼稚園 / 幼稚園暨幼兒中心 / 幼兒中心。

父母 / 監護人簽署： \_\_\_\_\_  
父母 / 監護人姓名： \_\_\_\_\_  
與接種疫苗者的關係： 父 母 監護人  
聯絡電話號碼： \_\_\_\_\_  
日期： \_\_\_\_\_

#### 承諾及聲明

- 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
- 本人同意把此同意書中本人子女 / 受監護者的個人資料及有關是次會診的任何資料供政府用於「收集個人資料目的」所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人子女 / 受監護者使用政府資助以接種疫苗事宜。
- 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
- 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

#### 收集個人資料目的聲明

##### 收集個人資料目的

- 所提供的個人資料，會供政府作下列一項或多項用途：
  - 開設、處理及管理醫健通（資助）戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於通過電子程序與人境事務處的數據核對；
  - 作統計和研究用途；以及
  - 作法例規定、授權或准許的任何其他合法用途。
- 就是次會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。
- 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法使用資助。

##### 接受轉介人的類別

- 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 段所列收集資料的目的而向其他機構和第三人披露。

##### 查閱個人資料

- 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：  
行政主任(疫苗資助計劃)  
地址：九龍亞皆老街 147C 衛生防護中心二樓 A 座  
電話：2125 2125

*Parent / Guardian should sign and fill in the information on the page 2 of the consent form.*

父母 / 監護人簽署： \_\_\_\_\_  
父母 / 監護人姓名： \_\_\_\_\_  
與接種疫苗者的關係： 父 母 監護人  
聯絡電話號碼： \_\_\_\_\_  
日期： \_\_\_\_\_



# 3. VSS OUTREACH VACCINATION ACTIVITIES



衛生署  
Department of Health

# Organisers

Organisers: Primary Schools,  
Kindergarten, and  
Child-care Centres



**VSS School Outreach**  
**(Extra Charge Allowed)**

Organisers: Other Institutions and  
Community Groups



Including

NGOs

Universities

Companies

Elderly Centres

Owners' Corporations

Others

**VSS Vaccination**  
**at Non-Clinic Settings**

- Claim submission **similar to routine VSS:**
  - No batch upload**
- Recipients should be **HK residents**, unless the recipients are school children receiving vaccination **at their schools**
- School children **who are non-HK residents** are required to submit a copy of their identity proof to PMVD for manual validation:  
For example,
  - two-way permit
  - Recognizance, Form No. 8 (俗稱行街紙), etc.
- **List of doctors providing service** under this scheme will be displayed at the CHP website

- The use of logos of DH, CHP and VSS without prior permission of DH on any materials issued by the participating doctors is **prohibited**.
- Doctors, organisers and participants should stay clear of associating with any **improper financial (or advantage) transactions**.
- PMVD might conduct **on-site inspections** with prior notification.
- EPD might conduct **surprise on-site inspections** to ensure the compliance with the Waste Disposal (Clinical Waste) (General) Regulation.



# Non-clinic Practice – Enrolment

- For doctors who **have not joined VSS**:
- Application form (Appendix A+B)  
<https://www.chp.gov.hk/en/features/45858.html>
  1. Complete **Appendix A** and **Appendix B**
  2. Fill in **non-clinic practice details** in **Part II (E) of App. A**,  
 Put down a **remark** or use the blanks in **Practice No. 5 (p.10)**
  3. Submit application form to PMVD with **supporting documents**

Practice No. (5): (only applicable to outreaching vaccination at non-clinic setting under VSS)

(5) Name (in English): \_\_\_\_\_

Name (in Chinese): \_\_\_\_\_

Address (in English): \_\_\_\_\_

Address (in Chinese): \_\_\_\_\_

District: \_\_\_\_\_

Telephone no.: \_\_\_\_\_



# Non-clinic Practice – Enrolment

- For doctors who **have joined VSS**:
- Request to Change Particulars (Change form)  
<https://www.chp.gov.hk/files/pdf/changeform.pdf>
  1. Complete change form with details of new practice in **Part C**
  2. **Circle** to indicate that the practice will be for **non-clinic setting**
  3. Submit application form to VO with **supporting documents**

Practice tel. no. : \_\_\_\_\_

Please deliver the Smart IC Card Reader to the new practice via post.

Scheme(s)/ Programme to which this new practice relates:

HCVS                       VSS (Clinic setting **Non-clinic setting** <sup>\*\*\*</sup>)

RVP                             PCD (Non-governmental Organisation / **Private** / School <sup>##</sup>)

<sup>##</sup> Please circle as appropriate.

VSS Service Fees Schedule (For new practice relevant to VSS)

*[N.B. Service fees include **ALL** fees related to the vaccination but **EXCLUSIVE** of Government subsidy; and The service fees information for use of QIV will be displayed in the [on-line directory of the CHP website.](#)]*

Pregnant Women            TIV \$ \_\_\_\_\_ QIV \$ \_\_\_\_\_



# Notification Form

To: Programme Management and Vaccination Division (PMVD)  
(Fax: 2713 9576)

Annex II

**Notification on Vaccination Activity at Non-clinic Setting  
under Vaccination Subsidy Scheme (VSS) or  
VSS School Outreach (Extra Charge Allowed) Programme**

**Notes**

1. This notification should be submitted to PMVD **at least two weeks** before the vaccination date. Even if certain details of the activity are yet to be confirmed, this Division should be notified at least two weeks before the proposed vaccination date and the information should be submitted after the details are confirmed. Failure to notify two weeks in advance is a non-compliance with the Doctors' Guide and the Agreement with enrolled doctors under VSS.
2. For interval between vaccines, administration of COVID-19 vaccine 14 days before or after another prophylactic vaccines would allow clearer ascertainment of potential adverse events.
3. Please submit a separate notification for each session of vaccination activity.
4. Please DO NOT display the logo/ name of any government departments (e.g. Department of Health) or public organisations (e.g. Hospital Authority) on the publicity materials.
5. The information that you provide on this notification may also be forwarded to other third parties, including other Government bureaux and departments, for the provision of healthcare services, for statistical and research purposes, or any other legitimate purposes related to regulation of healthcare services or law enforcement.
6. Staff of the Department of Health (DH) may conduct on-site inspection to ensure the quality of outreach vaccination services and take appropriate actions if deficiencies are found.
7. Staff of the DH may also conduct on-site inspection to ensure the quality of the service provided by the VSS providers.

**- Should be submitted at least 2 weeks before the vaccination activity**  
**- Failure to notify 2 weeks in advance is a non-compliance with the Doctors' Guide and the VSS Agreement**

C. Management of the Vaccination Activity			
Staff Support: (Number of on-site staff provided on the day of vaccination)	Qualifications of the on-site staff		Numbers
	Doctor		
	Registered Nurse		
	Enrolled Nurse		
	Clinic Staff		
	Other Supporting Staff		
		<b>Total</b>	
Service Fees Information:	Vaccine Type	Service Fees (For eligible recipients)	Service Fees (For ineligible recipients)
	Inactivated QIV (Injection)	\$	\$
	Recombinant QIV (Injection)	\$	\$
	Live attenuated	\$	\$
	PCV13	\$	\$
Vaccine Storage Equipment: (Put a "✓" as appropriate)	<input type="checkbox"/> Purpose-built vaccine refrigerator <input type="checkbox"/> Domestic frost-free refrigerator (with or without freezer compartment) <input type="checkbox"/> Domestic refrigerator (with or without freezer compartment) and/or mobile refrigerator (with or without freezer compartment) <input type="checkbox"/> Maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____		
Vaccine Transport to Venue: (Put a "✓" as appropriate)	<input type="checkbox"/> By enrolled doctor/medical organization: in tested cold box(es), with proper ice packs, insulating materials, etc. and continuous temperature monitoring using data logger/maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____		
Clinical Waste Arrangement (Put a "✓" as appropriate)	Upon completion of the vaccination activity, the clinical waste: <ul style="list-style-type: none"> <li><input type="checkbox"/> Will be collected by licensed collector onsite immediately</li> <li><input type="checkbox"/> Will be delivered directly to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional immediately</li> <li><input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue and delivered directly to Tsing Yi CWTC by healthcare professional afterwards</li> <li><input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue until collection by licensed collector</li> </ul>		

(Please attach a copy of the notification form to the publicity materials (if available).)

A. Information of Vaccination Activity and Organiser (Please put a "✓" as appropriate)

Name of Organiser: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Nature of Organiser	Estimated Number of Vaccine Recipients		
	Students of the School	Staff of the School	Others
<input type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre			
<input type="checkbox"/> Primary School			
<input type="checkbox"/> Kindergarten / Child Care Centre			

B. Information of Enrolled Doctor and the Medical Organisation

Name of Doctor: \_\_\_\_\_ SPID: \_\_\_\_\_

Medical Organisation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

(Official Stamp)

\_\_\_\_\_  
Signature of Enrolled Doctor

\_\_\_\_\_  
Authorised Signature  
For and on behalf of Medical Organisation

\_\_\_\_\_  
Name in Block Letters

\_\_\_\_\_  
Name in Block Letters (Authorised Signatory)

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

# Notification Form – Points to Note



General Information			
<u>(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)</u>			
<b>A. Information of Vaccination Activity and Organiser (Please put a “✓” as appropriate)</b>			
Date:	<b>10/12/2021</b>		(dd/mm/yyyy)
Time (Please delete as appropriate):	From	<b>10:00</b> (am / <del>pm</del> )	to <b>13:00</b> ( <del>am</del> / pm)
Venue:	<b>Rainbow Elderly Centre</b>		
Venue Address:	<b>333 Happy Road, Kowloon City, KLN</b>		
Session (Please delete as appropriate):	1 <sup>st</sup> / <del>2<sup>nd</sup></del> / <del>3<sup>rd</sup></del> / <del>4<sup>th</sup></del> / <del>5<sup>th</sup></del> session		
Name of Organiser:	<b>Rainbow Elderly Centre</b>		
Contact Person:	<b>Miss LEE</b>	Contact Number:	<b>2765 4321</b>
Nature of Organiser	Estimated Number of Vaccine Recipients		
<input checked="" type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre	<b>100</b>		
<input type="checkbox"/> Primary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Kindergarten / Child Care Centre			

- Provide the best estimation 2 weeks before the activity
- Revise if the figure varies greatly **after the activity**

# Notification Form – Points to Note

General Information			
(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)			
<b>A. Information of Vaccination Activity and Organiser (Please put a “✓” as appropriate)</b>			
Date:	<b>10/12/2021</b>		(dd/mm/yyyy)
Time (Please delete as appropriate):	From	<b>10:00</b> (am / <del>pm</del> )	to <b>13:00</b> ( <del>am</del> / pm)
Venue:	<b>Sunshine Primary School</b>		
Venue Address:	<b>1 Happiness Road, Kowloon Tong, KLN</b>		
Session (Please delete as appropriate):	1 <sup>st</sup> / <del>2<sup>nd</sup></del> / <del>3<sup>rd</sup></del> / <del>4<sup>th</sup></del> / <del>5<sup>th</sup></del> session		
Name of Organiser:	<b>Sunshine Primary School</b>		
Contact Person:	<b>Miss CHAN</b>	Contact Number:	<b>2123 4567</b>
Nature of Organiser	Estimated Number of Vaccine Recipients		
<input type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre			
<input checked="" type="checkbox"/> Primary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Kindergarten / Child Care Centre	<b>100</b>	<b>20</b>	<b>0</b>

- Provide the best estimation weeks before the activity
- Revise if the figure varies *after* the activity

# Notification Form – Points to Note

## 丙、疫苗接種安排

支援人員：  
(疫苗接種當日到場支援人員數目)

在場人員的資歷	人數
醫生	
註冊護士	
登記護士	
診所職員	
其他支援人員	
總數	

收費資料：

疫苗種類	收費 (受資助人士)	收費 (非受資助人士)
四價流感疫苗 (注射式)	\$ 0	\$ 240
四價流感疫苗 (噴鼻式)	\$ 100	\$ 340
二十三價肺炎球菌多醣疫苗	\$ -----	\$ -----
十三價肺炎球菌結合疫苗	\$ -----	\$ -----

*Fill in the service fees only if certain types of vaccines are provided in the outreach activity. Cross out the fields or leave the fields blank if the type of vaccine is not provided in the activity.*

# Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

- Do not mix up with the consent forms of Seasonal Influenza Vaccination School Outreach (Free of Charge) (usually printed with blue and pink paper )
- Otherwise, subsidy cannot be reimbursed to VSS doctors

適用於參與校內疫苗學校外展（可額外收費）計劃之同意書  
 衛生防護中心  
 疫苗接種計劃  
 使用校內疫苗學校外展

TC: \_\_\_\_\_

注意：請填妥此同意書後，立即送交校內負責 聯絡學校中藥師或疫苗接種計劃負責人，以便其處理。此同意書填妥後，請將此同意書交回校內負責聯絡學校中藥師或疫苗接種計劃負責人。此同意書填妥後，請將此同意書交回校內負責聯絡學校中藥師或疫苗接種計劃負責人。

學生姓名: \_\_\_\_\_ 聯絡日期: \_\_\_\_\_  
 就讀學校名稱: \_\_\_\_\_ 疫苗接種日期: \_\_\_\_\_

學生或其法定代理人（請在適當位置填上“\*”號）：  
 同意/同意（註明方式）：  
 同意  
 不同意  
 不清楚  
 不同意/不同意（註明方式）：  
 不同意  
 不清楚

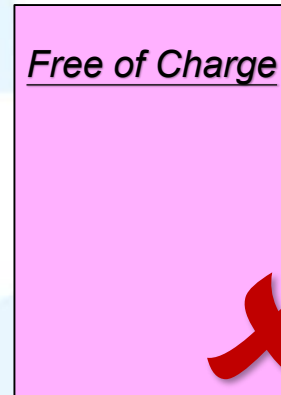
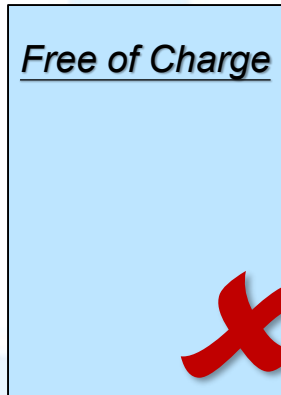
醫療服務人員姓名: \_\_\_\_\_ (請填上姓名及職銜)

姓名: \_\_\_\_\_ 性別: \_\_\_\_\_ 中文: \_\_\_\_\_ 英文: \_\_\_\_\_  
 職銜: \_\_\_\_\_ 地址: \_\_\_\_\_ 電話: \_\_\_\_\_  
 通訊地址: \_\_\_\_\_ 傳真: \_\_\_\_\_ 電郵: \_\_\_\_\_

醫療服務人員姓名: \_\_\_\_\_ (請填上姓名及職銜)

姓名: \_\_\_\_\_ 性別: \_\_\_\_\_ 中文: \_\_\_\_\_ 英文: \_\_\_\_\_  
 職銜: \_\_\_\_\_ 地址: \_\_\_\_\_ 電話: \_\_\_\_\_  
 通訊地址: \_\_\_\_\_ 傳真: \_\_\_\_\_ 電郵: \_\_\_\_\_

衛生防護中心  
 疫苗接種計劃





## 4. COMMON PROBLEMS IN MAKING CLAIMS



衛生署  
Department of Health

# Common Problems

- Incorrect dose order for children who require two dose of SIV
- Incorrect input of identity document type and number
  - Please refer to the Doctors' Guide Appendix for samples of the identity documents and document numbers





# Common Problems

- Incorrect recipient's name
- Missing signature/Signature on the wrong field
- Missing place of vaccination



# Persons receiving Disability Allowance - Documentary Proof

## ■ Sample of Notification Letter of Successful Application for Disability Allowance

Our Ref. : SME-S-003XXX PAGE 1

Tel. No. : 28XXXXXX

XXXX SOCIAL SECURITY FIELD UNIT  
SAU MAU PING SHOPPING CENTRE, 3/F  
SHOP XXX, SAU MING RD, KWUN TONG

05/04/2016

MS XX XXX

FLAT/RM XXX, XXX HOUSE  
PO TAT ESTATE  
KOWLOON

Dear Madam,

### Notification of Successful Application

With reference to your application for Normal Disability Allowance, I would like to inform you that allowance for a period of 24 months, commencing on 01/05/2015, has been approved. The monthly payment will be credited to the bank account no. 012-891-10XXXXXX. We shall review your case upon expiry of payment. (See remarks)

You will receive the allowance normally on the 11/12 day of each month. The monthly payments are listed below for your reference :-

1. \$0 per month from 01/05/2015 to 29/02/2016 including

Normal Disability Allowance	\$	1,580.00
TRANSPORT SUPPLEMENT	\$	255.00
TOTAL	\$	1,835.00

#### LESS

Received amount	\$	1,835.00(-)
AMOUNT TO BE PAID	\$	0.00(ROUNDED TO 0)

2. \$1,835 per month from 01/03/2016 to 30/04/2017 including

Normal Disability Allowance	\$	1,580.00
TRANSPORT SUPPLEMENT	\$	255.00
TOTAL	\$	1,835.00(ROUNDED TO 1,835)

If you have any enquiries or require further explanation, please contact MS XX XXX of our field unit (Tel. No. 23XXXXXX). If you are still not satisfied with our decision, you may lodge an appeal to the SOCIAL SECURITY APPEAL BOARD either through our field unit or directly at the Board's office (24/F, Southern Centre, 130 Hennessy Road, Wanchai, Hong Kong, Tel. No. 2835 1946) within 4 weeks from the date of this notification.

Absence from Hong Kong/Guangdong (applicable to Guangdong Scheme) exceeding the

Our Ref. : SME-S-003XXX

PAGE 2

permissible limit, imprisonment, death, will affect an Old Age Allowance/Old Age Living Allowance/Disability Allowance/Guangdong Scheme recipient's entitlement, if any of these things happens, you are required to report it immediately to this social security field unit so that a re-assessment of the allowance payable can be duly made. We shall conduct a review on the applicant's case when necessary.

### Reminder

The information provided by the applicant or his/her guardian/appointee must be true, correct and complete. You are reminded that it is an offence for any person to obtain property/pecuniary advantage/benefits by deception, with a view to gain for himself/herself or another or with intent to cause loss to another to procure deposit entry to a bank account by deception. An applicant or his/her guardian/appointee who knowingly or wilfully provides false statement or withholds any information in order to obtain allowance by deception or intentionally fails to report changes in information previously provided which may cause a reduction of the amount of allowance payable or disqualification for SSA may be liable to prosecution for an offence under the Theft Ordinance. Furthermore, any overpaid allowance must be refunded to the Department.

Beware of impostors. Under no circumstances would staff of the Social Welfare Department ask you for monetary or other rewards.

Yours faithfully,

XX XXXX  
Supervisor,  
XXXX SOCIAL SECURITY FIELD UNIT  
Social Welfare Department

### Remarks

- (1) This is a computer print out. No signature is required.
- (2) For Disability Allowance recipient, upon expiry of the validity period of the current Medical Assessment Form, he/she will have to attend a fresh medical assessment to establish his/her eligibility for continued allowance.

If you wish to have an appointment with the responsible caseworker, please make arrangement by phone beforehand.

# Self-Declaration Form for Persons receiving standard rate of “100% disabled” or “requiring constant attendance” under CSSA Scheme of the Social Welfare Department

## Department of Health Vaccination Subsidy Scheme Declaration

\*I, \_\_\_\_\_ (name), Hong Kong Identity Card number: \_\_\_\_\_ ( ) / I \_\_\_\_\_ (name), Hong Kong Identity Card number: \_\_\_\_\_ ( ) am the parent/guardian/appointee of the person receiving vaccination (name of person receiving vaccination \_\_\_\_\_, Hong Kong Identity Card number: \_\_\_\_\_ ( ) (“recipient”)), hereby \*declare / on behalf of the recipient declare that as at the date of the seasonal influenza vaccination to be taken by \*me / the recipient under the Vaccination Subsidy Scheme. \*I am / the recipient is aged between 12 to below 50 and is in receipt of the standard rate of payment applicable to a person as being certified 100% disabled or requiring constant attendance under the Comprehensive Social Security Assistance Scheme as administered by Social Welfare Department.

By signing this form, \*I also consent / I also consent on behalf of the recipient that the Department of Health may disclose and/or obtain \*my / the recipient’s personal data and records to or from the Social Welfare Department. The Department of Health and/or the Social Welfare Department may conduct including but not limited to a “matching procedure” as defined under the Personnel Data (Privacy) Ordinance between the data as kept by the Department of Health and the data as kept by the Social Welfare Department, for the purpose of verifying \*my / the recipient’s eligibility for the Vaccination Subsidy Scheme.

I understand that it is a criminal offence if I knowingly or wilfully give incorrect information in this form for the purpose of obtaining vaccination under the Vaccination Subsidy Scheme and I may be prosecuted.

\*Delete as appropriate.

Signature of recipient (or finger print if illiterate)#: \_\_\_\_\_  
Contact Telephone No.: \_\_\_\_\_  
Date: \_\_\_\_\_

**Complete the following by the parent or guardian or appointee only if the recipient is aged below 18 / mentally incapacitated or medically unfit to make a statement**

Signature of Parent/Guardian/Appointee: \_\_\_\_\_  
Name of Parent/Guardian/Appointee (in English): \_\_\_\_\_  
Relationship with the recipient:  Father/Mother  Guardian  Appointee  
Contact Telephone No.: \_\_\_\_\_  
Date: \_\_\_\_\_

**# Complete the following if the recipient has mental capacity but is illiterate**

This document has been read and explained to the recipient in my presence.

Signature of Witness: \_\_\_\_\_  
Name of Witness (in English): \_\_\_\_\_  
Hong Kong Identity Card No.:     X X X (X)  
(only the alphabet and the first three digits are required)  
Contact Telephone No.: \_\_\_\_\_  
Date: \_\_\_\_\_

## 衛生署 疫苗資助計劃聲明書

\*本人 \_\_\_\_\_ (姓名), 香港身份證號碼: \_\_\_\_\_ ( ) / 本人為疫苗接種者的父母 / 監護人 / 受委人 \_\_\_\_\_ (姓名), 香港身份證號碼: \_\_\_\_\_ ( ) (疫苗接種者的姓名 \_\_\_\_\_, 香港身份證號碼: \_\_\_\_\_ ( ) (“疫苗接種者”)) 謹此聲明, \*本人 / 本人代表疫苗接種者 確認於衛生署疫苗資助計劃下的季節性流感疫苗接種當日, \*本人 / 疫苗接種者 年齡為 12 歲至 50 歲以下人士, 及為社會福利署綜合社會保障援助計劃領取標準金額類別為殘疾程度達 100% 或需要經常護理的受助人。

就簽署此聲明書, \*本人 / 本人代表疫苗接種者 亦同意衛生署向社會福利署透露及/或索取有關\*本人 / 疫苗接種者 的個人資料及記錄。 衛生署及/或社會福利署可對他們所儲存的有關個人資料及記錄進行包括但不限於使用個人資料(私隱)條例中所定義的「核對程序」, 以核實\*本人 / 疫苗接種者 為合資格接受衛生署疫苗資助計劃人士。

本人明白如本人蓄意或存心在此表中提供錯誤資料, 以圖接受衛生署疫苗資助計劃疫苗的接種, 此行為乃屬刑事罪行及將有可能被檢控。

\*請刪去不適用者

疫苗接種者簽署 (如不會讀寫<sup>△</sup>, 請印上指模): \_\_\_\_\_  
聯絡電話號碼: \_\_\_\_\_  
日期: \_\_\_\_\_

**如疫苗接種者未滿 18 歲 或 精神上無行為能力 或 精神狀況不適宜作出聲明, 有關人士才須填寫以下資料:**

有關人士(例如:父母 / 監護人 / 受委人)簽署: \_\_\_\_\_  
有關人士(例如:父母 / 監護人 / 受委人)姓名: \_\_\_\_\_  
與疫苗接種者的關係:  父 / 母  監護人  受委人  
聯絡電話號碼: \_\_\_\_\_  
日期: \_\_\_\_\_

**△ 如疫苗接種者精神上有行為能力但不會讀寫, 才須填寫以下資料:**

本人見證此聲明書已在疫苗接種者面前朗讀及解釋。

見證人簽署: \_\_\_\_\_  
見證人姓名: \_\_\_\_\_  
香港居民身份證號碼 (只填英文字母及首 3 個數字):    X X X (X)  
聯絡電話號碼: \_\_\_\_\_  
日期: \_\_\_\_\_

# Persons receiving standard rate of “100% disabled” or “requiring constant attendance” under CSSA Scheme of the Social Welfare Department - Documentary Proof

i) Sample of Valid “Certificate of CSSA Recipients (for Medical Waivers) which was issued before 15 December 2018”



## 綜合社會保障援助受助人醫療費用豁免證明書

Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)

發給日期: 01/06/2018 檔案編號: 此日期起生效: 2018年6月1日  
Date of issue: 01/06/2018 Casefile Ref: Valid from: 01/06/2018

受助人姓名 Name of Recipient	身份證明文件號碼 Identity Document No.	有效期至 Valid until
陳大文 CHAN TAI MAN	R111111(1)	31/12/2019
陳二文 CHAN YEE MAN	R222222(2)	31/12/2019
陳小文 CHAN SIU MAN	R333333(3)	31/12/2019
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

茲證明以上綜合社會保障援助受助人在上述有效日期內可獲豁免立於在院醫院(包括急症室)醫療費用  
This is to certify that the above named Comprehensive Social Security Assistance (CSSA) recipients are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the validity period

# Documentary Proof - Persons receiving standard rate of “100% disabled” or “requiring constant attendance” under CSSA Scheme of the Social Welfare Department

ii) The new Annex page of “Notification of Successful Application”/ “Notification of Revision of Assistance” (Annex IV)



For internal reference only

Annex

Our Ref : XXX-C-XXXXXX

Note:  
**Waiver of Medical Charges for CSSA Recipients**  
You/Applicant/Eligible family member(s) is/are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the eligibility period of CSSA.

Valid From: XX/XX/XXXX

Eligible members	Identity document which used for CSSA application	Valid until
ABC	HK identity card	XX/XX/XXXX
DEF	HK birth certificate	XX/XX/XXXX

Upon registration for medical treatment or admission to hospital, please:

- (1) inform staff of the clinic or hospital that you/applicant/eligible family member(s) is/are the recipient(s) of CSSA; and
- (2) produce valid identity document which you/applicant/eligible family member(s) used for CSSA application (e.g. Hong Kong Identity Card, Certificate of Exemption, etc.)

If you/applicant/eligible family member(s) is/are no longer eligible for CSSA, the waiver of medical charges will be revoked at the same time.



只供內部參考

附頁

檔案編號：XXX-C-XXXXXX

請注意：  
**有關綜援受助人豁免醫療費用安排**  
你／申請人／符合資格家庭成員在領取綜援期間前往公立診所或醫院（包括急症室）求診時可獲豁免醫療費用。

此日期起生效：XXXX年X月X日

符合資格的人士	申請綜援時使用的身份證明文件	有效日期至
陳大文	香港身份證	XX/XX/XXXX
陳小文	香港出生證明書	XX/XX/XXXX

當求診或辦理入院手續時請：

- (1) 向診所或醫院職員表示你／申請人／符合資格家庭成員是綜援受助人；及
- (2) 出示你／申請人／符合資格家庭成員申請綜援時使用的身份證明文件（例如香港身份證、豁免登記證明書等）。

如你／申請人／符合資格家庭成員日後已取消申請或不再符合資格領取綜援，有關豁免醫療費用的資格亦同時撤銷。

# Designated Hotline for Enrolled Doctors

**Tel: 2125 2299**



**THANK YOU**

