



**2024/25**

# **Vaccination Subsidy Scheme**

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

**July 2024**



**衛生署**  
Department of Health



- **1. Basic Principles**
- **2. Consent Forms / eConsent**
- **3. Joining eHealth (optional)**
- **4. VSS Outreach Activities**
- **5. 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 2024/25 Doctors' Guide](#) *(will be updated in due course)*

# Basic Principles – Ascertain Eligibility and Obtain Consent

- Check vaccination history with client and check vaccination records in the eHealth System (Subsidies) [eHS(S)]
- Ascertain eligibility for subsidy
- Complete and sign the "Consent to Use Vaccination Subsidy" form, or obtain verbal consent to use subsidy for vaccination and collection of personal data (for eConsent) before vaccination

# Check Vaccination History

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

or click here to view vaccination record

主頁 登出

**申報**

1. 搜尋醫健通(資助)戶口 >>> 2. 輸入詳情

輸入詳情

- 戶口資料
  - 身份證明文件
  - 姓名
  - 香港身份證號碼 / 符號標記
- 疫苗接種記錄
  - 香港身份證: HO, MEI LAI (何美麗)
  - 出生日期 / 性別: 04-04-1940 / 女性
  - 簽發日期: 01-01-2020
- 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: 21-10-2024
  - 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 2024/25	唯一一劑	\$260
<input type="checkbox"/> 23vPPV	唯一一劑	\$400
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

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)
  - 香港身份證號碼: B345678(9)
  - 出生日期 / 性別: 04-04-1940 / 女性
  - 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
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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)

# 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

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

#### 疫苗接種記錄

香港身份證  
 CHAN, TAI MAN (陳大文) 出生日期  
 A123XXX(X) 簽發日期

#### 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 2024年10月20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 0	醫院管理局 1	衛生署 0
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注射日期	疫苗	劑	資料提供者	備註
1 2024年10月1日	季節性流感 2024/2025 (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

# 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 displayed at the clinic and the information will be uploaded to <https://apps.hcv.gov.hk/Public/en/SPS/Search> for search by the public





# 2024/25 疫苗資助計劃

## Vaccination Subsidy Scheme

本診所為以下合資格的香港居民提供資助接種疫苗，請向診所職員查詢提供的疫苗種類及收費  
 This clinic provides subsidised vaccination to the following eligible Hong Kong residents, please check with the clinic staff for the types of vaccines provided and the service fee

季節性流感疫苗 (建議每年接種) Seasonal Influenza Vaccine (annual vaccination is recommended)	本診所收費 (已扣除每劑疫苗之政府資助額\$260) Service fee in this clinic (After deducting \$260 per dose of vaccine from the Government subsidy)	
	注射式滅活流感疫苗 Injectable inactivated influenza vaccine	噴霧式減活流感疫苗 Nasal live attenuated influenza vaccine
<input type="checkbox"/> 今年50歲至64歲人士 Persons aged between 50 and 64 years this year	_____	_____
<input type="checkbox"/> 今年65歲或以上長者 Elderly aged 65 years or above this year	_____	_____
<input type="checkbox"/> 孕婦 Pregnant women	_____	_____
<input type="checkbox"/> 接種當日年齡介乎6個月至未滿18歲； 或18歲或以上就讀於香港中學的學生 Persons aged between 6 months and under 18 years; or aged 18 years or above studying at secondary schools in Hong Kong on the vaccination day	_____	_____
<input type="checkbox"/> 智障人士 Persons with intellectual disability	_____	_____
<input type="checkbox"/> 領取傷殘津貼 / 綜援標準金額類別為 「殘疾程度達 100%」或「需要經常護理」的人士 Recipients of Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA	_____	_____
肺炎球菌疫苗 (今年65歲或以上的長者) Pneumococcal Vaccine (Elderly aged 65 years or above this year)	政府資助額(每劑疫苗) Government subsidy (Per dose of vaccine)	本診所收費 (已扣除政府資助) Service fee in this clinic (After deducting the Government subsidy)
<input type="checkbox"/> 二十三價肺炎球菌多醣疫苗 23-valent Pneumococcal Polysaccharide Vaccine	<b>\$400</b>	_____
<input type="checkbox"/> 肺炎球菌結合疫苗 (有高風險情況的長者): Pneumococcal Conjugate Vaccine (Elderly with high-risk conditions): 十三價肺炎球菌結合疫苗 13-valent Pneumococcal Conjugate Vaccine 十五價肺炎球菌結合疫苗 15-valent Pneumococcal Conjugate Vaccine	<b>\$800</b>	_____

診所請在  加上  Clinic please put a  in the

**所需文件:**

- 香港居民身份證明文件
- 其他所需文件，請向診所職員查詢

**Documents required:**

- Identity document of Hong Kong resident
- For other documents required, please check with the clinic staff

每位合資格有高風險情況的長者可在「疫苗資助計劃」下接種十三價或十五價肺炎球菌結合疫苗，醫生可獲\$800的政府資助。香港只有一款十三價肺炎球菌結合疫苗及一款十五價肺炎球菌結合疫苗供應，而供應疫苗的廠商同意以每劑\$800向醫生提供用於「疫苗資助計劃」下。  
 The subsidy to be provided by the Government under the Vaccination Subsidy Scheme (VSS) to the doctor is \$800 for each eligible elderly with high risk conditions receiving one dose of 13-valent (PCV 13) or 15-valent Pneumococcal Conjugate Vaccine (PCV 15). Only one brand of PCV 13 and one brand of PCV 15 have been registered for sale in Hong Kong and the manufacturers supplying these brands agreed to offer it to the doctor at a net price of \$800 per dose for administration under the VSS.

■ VSS price poster

# Basic Principles – Subsidy and Service Charge

## List of Enrolled Healthcare Service Providers

[FAQs](#)

Please input any **keywords** and/or select **at least one** of the options for searching Enrolled Healthcare Service Providers.

Keywords

Service Fee								
	Elders			Persons aged 50 - 64 years	Children	Pregnant Women	Persons with Intellectual Disability	Persons receiving Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA
SIV	23vPPV	PCV13	PCV15	SIV	SIV	SIV	SIV	SIV
▼ ▲	▼ ▲	▼ ▲	▼ ▲	▼ ▲	▼ ▲	▼ ▲	▼ ▲	▼ ▲
Free	N/A	Free	300	Free	Free	Free	Free	Free

*(Tentative)*

# Basic Principles – Subsidy and Service Charge

- For different Service Fees using LAIV or IIV, the website will display the Service Fee of LAIV and IIV
- Service fee includes **ALL** booking fees, consultation fee, health assessment fees or any other vaccine fees related to the vaccination. Enrolled doctors should **NOT** charge vaccine recipients other fee except the service fee
- Service fee quoted should be the **NET** charge excluding Government subsidy



# Basic Principles – Submit Claims

- To avoid data input error, doctors should as far as possible use smart card reader for recipients presenting Hong Kong Identity Card (HKIC)
- Doctors should submit claims through eHealth System (Subsidies) [eHS(S)] **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 / E-CONSENT



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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

衛生署  
疫苗資助計劃  
使用疫苗資助同意書

適用於年屆 65 歲或以上長者

Check the target group

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 2025</i>
接種疫苗地點名稱	<i>Super Healthy Medical Centre (Central)</i>		
疫苗種類 (請在適當位置加上“√”號)			
<input checked="" type="checkbox"/> 滅活四價季節性流感疫苗	<input type="checkbox"/> 重組四價季節性流感疫苗		
<input type="checkbox"/> 23 價肺炎球菌多醣疫苗 (23 價疫苗)#	或	<input type="checkbox"/> 13 價肺炎球菌結合疫苗 (13 價疫苗)&	或
		<input checked="" type="checkbox"/> 15 價肺炎球菌結合疫苗 (15 價疫苗)&	
# (a)沒有高風險情況而未曾接種任何肺炎球菌疫苗的長者，或(b)有高風險情況但已於至少一年前接種一劑 13 價或 15 價疫苗的長者，可獲資助接種一劑 23 價疫苗。 & 有高風險情況的長者若(a)已於至少一年前接種一劑 23 價疫苗，或(b)未曾接種任何肺炎球菌疫苗，可獲資助接種一劑 13 價或 15 價疫苗。 接種任何兩劑的肺炎球菌疫苗必須最少相隔一年。			
<input checked="" type="checkbox"/> 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		

Tick as appropriate

(Tentative)

Sign to confirm the recipient is of high risk condition

# Sample of Consent Form for Persons aged below 65

衛生署  
疫苗資助計劃  
使用疫苗資助同意書

適用於 65 歲以下人士

Check the target group

醫健通 (資助) 交易號碼 (由醫生填寫)

只可填寫一個交易號碼

IG - -

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 2025</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		
<input type="checkbox"/> 滅活四價疫苗 (噴鼻式)	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		
<input type="checkbox"/> 重組四價疫苗 (注射式)	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		

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。

請在適當位置上加上“✓”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	
季節性流感疫苗種類及劑次(請在適當位置上加上“✓”號)			
9歲或以上學童:			
<input type="checkbox"/> 滅活四價疫苗 (注射式)	<input type="checkbox"/> 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:	
<input type="checkbox"/> 滅活四價疫苗 (噴鼻式)	<input type="checkbox"/> 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:	
	<input type="checkbox"/> 本季度第一劑	<input type="checkbox"/> 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: _____		中文(姓氏)(名字)	
英文(姓氏)(名字)		性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女	
出生日期: ____/____/____ (日/月/年/年/年)			
身份證明文件(十二歲或以上只接受香港居民身份證)			
(請選擇下列其中一項身份證明文件,在適當位置上加上“✓”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)		身份證符號標記: <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):		R	
簽發日期: ____/____/____ (日/月/年/年)			
<input type="checkbox"/> 香港特別行政區簽證身份證證件號碼(以“D”開首):		D	
簽發日期: ____/____/____ (日/月/年/年)			
<input type="checkbox"/> 香港居留期許證(ID 235B) 出生登記編號:			
獲准逗留至: ____/____/____ (日/月/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: _____	

DH\_VSS (10/22)

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中學、小學、幼稚園、幼稚園暨幼兒中心或 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
  - 接收由政府提供的疫苗接種資訊;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:九龍紅磡德豐街18-22號海濱廣場二座3樓  
電話:2125 2125

DH\_VSS (10/22)

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

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

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。  
請在適當位置上加上“✓”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
季節性流感疫苗種類及劑次 (請在適當位置上加上“✓”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 (噴鼻式)	<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
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： <input type="checkbox"/> 男 <input type="checkbox"/> 女
身份證明文件 (十二歲或以上只接受香港居民身份證) (請選擇下列其中一項身份證明文件，在適當位置上加上“✓”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)	身份證符號標記： <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/>
<input type="checkbox"/> 香港特別行政區回港證號碼 (以“RM”或“RS”開首)：	R [ ][ ][ ][ ][ ][ ][ ][ ][ ]
簽發日期： / / (日/月/年/年)	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
<input type="checkbox"/> 香港特別行政區簽證身份書證件號碼 (以“D”開首)：	D [ ][ ][ ][ ][ ][ ][ ][ ][ ]
簽發日期： / / (日/月/年/年)	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
<input type="checkbox"/> 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)	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
<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： [ ][ ][ ][ ][ ][ ][ ][ ][ ]

*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.*

# 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，並確認以上接種疫苗者現正就讀香港的中學、小學、幼稚園、幼稚園暨幼兒中心或 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。
- 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入境事務處的數據核對；
  - 作統計和研究用途
  - 接收由政府提供的疫苗接種資訊；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：九龍紅磡德輔道中 18-22 號海濱廣場二座 3 樓  
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： \_\_\_\_\_

- Consent forms should be signed by parents/guardians of people with intellectual disabilities
- Consent forms and vaccination records should be properly kept
- Recipients' information should not be used for marketing purposes



# eConsent

- For SIV and PV since VSS 2022/23
- Adult vaccine recipients inserting the HKIC into the smart card reader for capture of the card face data into the eHS(S)
- **NOT** applicable to persons who do not use the HKIC for insertion, persons below 18 years and people with intellectual disabilities



# eConsent

- Before vaccination, doctors should display the “eConsent under the Vaccination Subsidy Scheme” Notice in clinic, explain to recipients and obtain verbal consent to use subsidy for vaccination and collection of personal data



Adobe Acrobat  
Document



Adobe Acrobat  
Document



# “eConsent under the Vaccination Subsidy Scheme” Notice

24



香港特別行政區政府  
衛生署  
項目管理及疫苗計劃科

九龍紅磡德豐街 18-22 號  
海濱廣場二座 3 樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
PROGRAMME MANAGEMENT &  
VACCINATION DIVISION  
3/F, TWO HARBOURFRONT, 18-22 TAK FUNG  
STREET, HUNG HOM, KOWLOON

## 有關疫苗資助計劃的電子同意書

- [電子同意書]是指合資格人士知情同意使用疫苗資助，並將香港身分證插入政府提供予參與疫苗資助計劃診所的讀卡機，讀取卡面資料，以代替簽署紙本[使用疫苗資助同意書]。
- [電子同意書]是指合資格人士同意把個人資料及有關是次會診的任何資料提供予政府用於第三至第五點所述的用途，並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。當局或會與合資格人士聯絡，以核實有關資料及使用政府資助以接種疫苗事宜。
- 電子同意內所提供的個人資料，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入境事務處的數據核對；
  - 作統計和研究用途；
  - 接收由政府提供的疫苗接種資訊；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。
- 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 3、4 點所列收集資料的目的而向其他機構和第三者人士披露。

香港特別行政區政府  
衛生署  
項目管理及疫苗計劃科  
九龍紅磡德豐街 18-22 號  
海濱廣場二座 3 樓



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
PROGRAMME MANAGEMENT &  
VACCINATION DIVISION  
3/F, TWO HARBOURFRONT, 18-22 TAK FUNG  
STREET, HUNG HOM, KOWLOON

## eConsent under the Vaccination Subsidy Scheme

- “eConsent” means the informed consent given by the Eligible Person by inserting the Eligible Person’s Hong Kong Identity Card to the Smart ID Card Reader provided by the Government to the Enrolled Doctor’s Clinic to read the card face data to replace the signing of the paper “Consent to Use Vaccination Subsidy” form.
- “eConsent” means the Eligible Person gives consent to the doctor to transfer his personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government for the purposes of points 3 to 5. The Department of Health may contact the Eligible Person to verify whether he has received vaccination by using the Government subsidy.
- The personal data provided in the eConsent will be used by the Government for one or more of the following purposes:
  - for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
  - for statistical and research purposes;
  - for receiving vaccination information provided by the Government; and
  - any other legitimate purposes as may be required, authorised or permitted by law.
- 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.
- 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 points 3 and 4 above, if required.



衛生署  
Department of Health





## 3. Joining eHealth (optional)



衛生署  
Department of Health

# Joining eHealth (optional)

- Electronic Health Record Sharing System
- In line with the arrangement of the COVID-19 Vaccination Programme under VSS
- Recipients can view the vaccination records by using eHealth mobile application after registering eHealth
- Please make sure
  - doctors should display eHealth Participant Information Notice and Personal Information Collection Statement for recipients to read and understand
  - verify recipients' identity
  - ask recipients' willingness to join eHealth

參與者須知

Participant  
Information Notice



收集個人資料  
聲明

Personal Information  
Collection Statement



- A pre-ticked checkbox at the claim page indicating the recipient's consent to register with eHealth if he/ she does not opt out
- Untick the checkbox if the recipient does not wish to join eHealth



衛生署

Department of Health

# Joining eHealth (optional)

Other Vaccination Records In The Recent 12 Months

Injection Date	Vaccine
No vaccination records found.	

COVID-19 Vaccination Record in eHS(S) and CMS

Injection Date	Vaccine	Dose S
1 28 Dec 2022	Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection	2nd Dose
2 28 Nov 2022	CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated	1st Dose

Vaccine Information

Practice: Hong Kong Central Library - Booth 1 (1)

Scheme: COVID-19 Vaccination Programme

Injection Date: 08 Feb 2023

Vaccine: CoronaVac COVID-19 Vaccine (Vero Cell), Inacti

Lot No.: L202108030

Dose Sequence: 3rd Dose

Remarks:

### Verification Checklist

- The identity of the vaccine recipient / person who is giving the relevant consent on the recipient's behalf (if any) has been verified;
- The vaccine recipient has read and understood the information in the Vaccination Fact Sheet for COVID-19 vaccine as documented above, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specific use in prevention for prevention COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap. 138), and agree to receive the documented COVID-19 vaccine. The vaccine recipient have had the opportunity to ask questions and all of his/her questions were answered to his/her satisfaction. The vaccine recipient also fully understood his/her obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data;
- Suitability for vaccination has been confirmed with reference to previous COVID-19 vaccination record (if any);
- The vaccine recipient consent to the administration of COVID-19 Vaccination under the COVID-19 Vaccination Programme; and the access and use by Department of Health and the relevant organizations collaborated with the Government (including the University of Hong Kong) of his/ her clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals, for the purpose of continuously monitoring the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose; and
- If the recipient is not legally capable of giving consent to the administration of the vaccine, either a person who is legally capable of giving the relevant consent on the recipient's behalf or decision of vaccination is made considering the vaccination is necessary and in the best interest of the vaccine recipient by registered medical practitioner.

I hereby certify that the above verifications are completed.

The healthcare recipient consents to register with eHealth / The Substitute Decision Maker(SDM) consents the healthcare recipient to register with eHealth, which enables authorised healthcare providers to access and share the healthcare recipient's ehealth records (including COVID-19 vaccination records) for healthcare purposes. (optional)

### For COVID-19 recovered patient

- The documentary proof of past COVID-19 infection of the vaccine recipient has been provided and seen. The interval between today and the date of hospital discharge (or infection) or previous dose of COVID-19 vaccination (whichever is applicable) is confirmed to be fulfilling the latest JSC-EAP recommendation. (if applicable)

Cancel x Save ▶

For COVID-19 recovered patient

The documentary proof of past COVID-19 infection of the vaccine recipient has been provided and seen. The interval between today and the date of hospital discharge (or infection) or previous dose of COVID-19 vaccination (whichever is applicable) is confirmed to be fulfilling the latest JSC-EAP recommendation. (if applicable)

Cancel x Save ▶

*(Claim page for COVID-19 Vaccination for reference)*

# Joining eHealth

- If there are any enquiry about eHealth registration or other related matters, please contact eHR Registration Office (Hotline: 3467 6300) or visit website: [www.ehealth.gov.hk](http://www.ehealth.gov.hk) for more details about eHealth





# 4. VSS OUTREACH VACCINATION ACTIVITIES



衛生署  
Department of Health

# Organisers

Organisers:  
Secondary Schools, 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 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, A(i) and B)  
<https://www.chp.gov.hk/en/features/45858.html>
  1. Complete **Appendix A, A(i) 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)**
  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 PMVD with **supporting documents**

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** / University <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                      QIV    \$    RIV    \$

# Notification Form

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

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

- Notes**
- This notification should be submitted to PMVD **at least 7 days** 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.
  - Please submit a separate notification for each session of vaccination activity.
  - 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.
  - 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.
  - Staff of the Department of Health (DH) may conduct on-site inspections to ensure the quality of outreach vaccination services and take appropriate measures on any irregularities found.
  - Staff of the Environmental Protection Department (EPD) may conduct surprise on-site inspections to ensure proper handling of clinical waste. Details of clinical waste management at outreach vaccination activities, please refer to Appendix C of the Doctors' Guide.
  - When you have completed the notification, please return it to the PMVD.
  - For school outreach vaccination activities, please refer to the VSS School Outreach (Extra Charge Allowed) Programme for details.

For activities to be held in secondary school / primary school / kindergarten / child care centre:  
This activity is / is not (delete as appropriate) under the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme.

**B. Information of Enrolled Doctor and the Medical Organisation**

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

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

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

**C. Management of the Vaccination Activity**

Staff Support : (Number of on-site staff provided)	Qualifications of the on-site staff	Numbers
	Doctor	
	Registered Nurse	
	Enrolled Nurse	
	Clinic Staff	

**- Should be submitted at least 7 days before the vaccination activity**

**- Failure to notify 7 days in advance is a non-compliance with the Doctors' Guide and the VSS Agreement**

(Please attach a copy of the flow poster and publicity materials for the vaccination activity if available)

**A. Information of the Vaccination Activity**

Time (Please delete as appropriate): \_\_\_\_\_

Vaccine: \_\_\_\_\_

Vaccine Address: \_\_\_\_\_

Session (Please delete as appropriate): \_\_\_\_\_

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

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

For Seasonal Influenza Vaccination (if applicable)			
Type of Organiser	Estimated Number of Vaccine Recipients		
	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Only Dose
<input type="checkbox"/> Non Secondary School / Primary School / Kindergarten / Child Care Centre			
<input type="checkbox"/> Secondary School	Students of the School		Staff of the School
	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose Only Dose	Only Dose
<input type="checkbox"/> Primary School			
<input type="checkbox"/> Kindergarten / Child Care Centre			

For Pneumococcal Vaccination (if applicable)			
Type of Organiser	Estimated Number of Vaccine Recipients		
	23vPPV	PCV13	PCV15
<input type="checkbox"/> Non Secondary School / Primary School / Kindergarten / Child Care Centre			
<input type="checkbox"/> Secondary School			
<input type="checkbox"/> Primary School			
<input type="checkbox"/> Kindergarten / Child Care Centre			

Service Fee Information	Vaccine Type	Service Fee (For eligible recipients)	Service Fee (For ineligible recipients)
	Inactivated QIV (Quadrant)	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Vaccine storage equipment:  Vaccine supplier will transport the vaccines to the venue directly (Put a "✓" as appropriate)

Purpose-built vaccine refrigerator (PBVR)

Others, please specify: \_\_\_\_\_

Monitoring of the vaccine temperature: (Put a "✓" as appropriate)

(i) Regular checking and manual recording of temperature  Yes /  No

(ii) Device used for continuously temperature monitoring of the PBVR

Data logger (in-built or stand-alone)

Maximum-minimum thermometer

Others, please specify: \_\_\_\_\_

# Notification Form – Points to Note



## General Information

(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)

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

Date: **10/12/2024** (dd/mm/yyyy)

Time (Please delete as appropriate): From **10:00** (am / ~~pm~~) to **13:00** (~~am~~ / pm)

Venue: **Rainbow Elderly Centre**

Venue Address: **333 Happy Road, Kowloon City, KLN**

Session (Please delete as appropriate): 1<sup>st</sup> / ~~2<sup>nd</sup>~~ / ~~3<sup>rd</sup>~~ / ~~4<sup>th</sup>~~ / ~~5<sup>th</sup>~~ session

Name of Organiser: **Rainbow Elderly Centre**

Contact Person: **Miss LEE** Contact Number: **2765 4321**

### For Seasonal Influenza Vaccination (if applicable)

Type of Organiser	Estimated Number of Vaccine Recipients						
	1 <sup>st</sup> Dose			2 <sup>nd</sup> Dose	Only Dose		
<input checked="" type="checkbox"/> Non Secondary School / Primary School / Kindergarten / Child Care Centre				<b>100</b>			
<input type="checkbox"/> Secondary School	Students of the School			Staff of the School	Others		
	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Only Dose	Only Dose	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Only Dose
<input type="checkbox"/> Primary School							
<input type="checkbox"/> Kindergarten / Child Care Centre							

*- Provide the best estimation 7 days before 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)								
A. Information of Vaccination Activity and Organiser (Please put a “✓” as appropriate)								
Date:	<b>10/12/2024</b>					(dd/mm/yyyy)		
Time (Please delete as appropriate):	From	<b>10:00</b>		(am / <del>pm</del> )	to	<b>13:00</b>		(am / 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>		
For Seasonal Influenza Vaccination (if applicable)								
Type of Organiser	Estimated Number of Vaccine Recipients							
<input type="checkbox"/> Non Secondary School / Primary School / Kindergarten / Child Care Centre	1 <sup>st</sup> Dose		2 <sup>nd</sup> Dose		Only Dose			
<input type="checkbox"/> Secondary School	Students of the School		Staff of the School		Others			
	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Only Dose	Only Dose	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Only Dose	
<input checked="" type="checkbox"/> Primary School			<b>100</b>	<b>20</b>			<b>0</b>	
<input type="checkbox"/> Kindergarten / Child Care Centre								

*- Provide the best estimation 7 days before the activity*

# Notification Form – Points to Note

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		
	Total		
Service Fees Information :	Vaccine Type	Service Fees (For eligible recipients)	Service Fees (For ineligible recipients)
	Inactivated QIV (Injection)	\$ 0	\$ 240
	Live-attenuated Influenza (Nasal Spray)	\$ -----	\$ -----
	23vPPV	\$ -----	\$ -----
	PCV13	\$ 100	\$ 340
	PCV15	\$ 100	\$ 340

*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.*

# Vaccination Report

Appendix 1

Vaccination Activity at Non-Clinic Setting under Vaccination Subsidy Scheme (VSS)  
School Outreach (Extra Charge Allowed) Programme  
Vaccination Report (On Vaccination Day)

Please check and fax or email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2713 9576 / Email Address: [cra\\_vs4@dh.gov.hk](mailto:cra_vs4@dh.gov.hk)) within 7 days after completion of each vaccination activity.

A. Information of outreach vaccination visit and activity organiser			
Name of Enrolled doctor		Service Provider ID	
Name of medical organisation			
Name of school and School code	(School Code: )		
Type of Organiser	<input type="checkbox"/> Kindergarten / Child Care Centre	<input type="checkbox"/> Primary School	<input type="checkbox"/> Secondary School
B. Vaccine type (Put a tick as appropriate)			
<input type="checkbox"/> Inactivated influenza vaccine (Injection) (IIV)		<input type="checkbox"/> Live-attenuated influenza vaccine (Nasal Spray) (LAIV)	
Total no. of students in school		Total no. of staff in school	
Total no. of students consented for vaccination before vaccination day		Total no. of staff vaccinated*	IIV: _____ Others (please specify): _____
Total no. of students vaccinated *	IIV: _____	Total no. of other persons vaccinated *	IIV: _____
	LAIV: _____		LAIV: _____
	Others: (please specify): _____		Others: (please specify): _____

\*Counting actual no. of vaccinated persons on vaccination day (may be different from the no. of persons consented)

Fill in by School

Fill in by Doctor

Fill in by Medical Organisation

(Official Stamp)

Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Date _____	Date _____	Date _____
Contact No. _____	Contact No. _____	Contact No. _____

- Should be submitted **within 7 days** after the vaccination activity
- Failure to submit within 7 days is a **non-compliance** with the Doctors' Guide and the VSS Agreement

# Vaccination Report – Points to Note

A. Information of outreach vaccination visit and activity organiser			
Name of Enrolled doctor	<b>Dr CHAN Tai Man</b>	Service Provider ID	<b>12345678</b>
Name of medical organisation	<b>ABC Medical Orgainsation</b>		
Name of school and School code	<b>Sunshine Primary School</b>		(School Code: <b>000000</b> )
Type of Organiser	<input type="checkbox"/> Kindergarten / Child Care Centre	<input checked="" type="checkbox"/> Primary School	<input type="checkbox"/> Secondary School
Date of vaccination	<b>10/12/2024</b>		

B. Vaccine type (Put a "✓" as appropriate)	
<input checked="" type="checkbox"/> Inactivated influenza vaccine (Injection) (IIV)	<input type="checkbox"/> Live-attenuated influenza vaccine (Nasal Spray) (LAIV)

Others (e.g.: COVID-19) Please specify: \_\_\_\_\_

C. Number of persons vaccinated			
Number of students		Number of non-students	
Total no. of students in school	<b>1,000</b>	Total no. of staff in school	<b>50</b>
Total no. of students consented for vaccination before vaccination day	<b>100</b>	Total no. of staff vaccinated*	IIV: <b>15</b>
			LAIV: _____
			Others (please specify): _____
Total no. of students vaccinated *	IIV: <b>80</b>	Total no. of other persons vaccinated *	IIV: _____
			LAIV: _____
			Others (please specify): _____





# Vaccination Report – Points to Note

Fill in by School

Fill in by Doctor

Fill in by Medical Organisation

(Official Stamp)

Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Date _____	Date _____	Date _____
Contact No. _____	Contact No. _____	Contact No. _____



# Vaccination Report – Points to Note

A. Information of outreach vaccination visit and activity organiser	
Name of Enrolled doctor <b>Dr CHAN Tai Man</b>	Service Provider ID <b>12345678</b>
Name of medical organisation	<b>ABC Medical Organisation</b>
Name of Organiser	<b>Rainbow Elderly Centre</b>
Date of vaccination	<b>10/12/2024</b>
B. Vaccine Type (Put a "✓" as appropriate)	
<input checked="" type="checkbox"/> Inactivated influenza vaccine (Injection) (IIV)	<input type="checkbox"/> Live-attenuated influenza vaccine (Nasal Spray) (LAIV)
<input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine (23vPPV)	<input type="checkbox"/> 13-valent pneumococcal conjugate vaccine (PCV13)
<input type="checkbox"/> 15-valent pneumococcal conjugate vaccine (PCV15)	<input type="checkbox"/> Others (e.g.: COVID-19) Please specify: _____
C. Number of Persons Vaccinated	
Estimated total no. of persons before vaccination day	<b>100</b>
Total no. of persons vaccinated*	IIV: <b>120</b>
	LAIV: _____
	23vPPV: _____
	PCV13: _____
	PCV15: _____
	Others (please specify): _____



# Vaccination Report – Points to Note

Fill in by **Organiser**

Fill in by **Doctor**

Fill in by **Medical Organisation**

(Official Stamp)

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

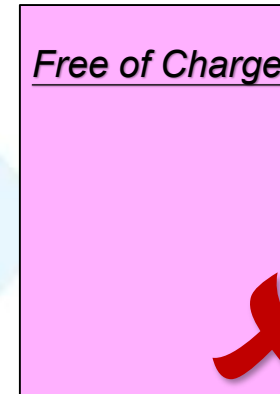
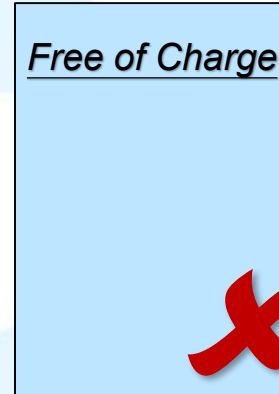
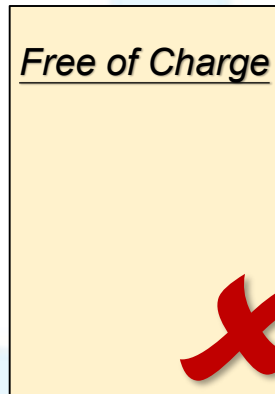
Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_



# 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 yellow, blue and pink paper)
- Otherwise, subsidy cannot be reimbursed to VSS doctors





# 5. COMMON PROBLEMS IN MAKING CLAIMS



衛生署  
Department of Health

# Common Problems

- Incorrect dose order for children who require two doses of SIV
- Incorrect input of identity document type and/or number
  - Please refer to Appendix A of the Doctors' Guide for samples of the identity documents and document numbers ([https://www.chp.gov.hk/files/pdf/vssdg\\_ch5\\_appendix\\_a.pdf](https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_a.pdf))



# Common Problems

- Incorrect recipient's name
- Missing signature/Signature on the wrong field
- Missing place of vaccination
- Enrolled doctors could not claim subsidy for their children/ wards after providing vaccination to the latter



# Consular Corps Identity Card (CCIC)

- Issued to consuls, consular staff, the head and members of the Office of the European Union in Hong Kong, their spouses and dependent children of the age of 11 years or above
- In the form of a smart card embedded with a chip that stores data which can be read by Smart Hong Kong Identity Card Readers





# Consular Corps Identity Card (CCIC)

- Regarded as a type of Hong Kong Identity Card and is accepted under the VSS to prove one's Hong Kong resident status
- Subject to meeting the eligible group criteria of VSS, CCIC holders are eligible to receive SIV/ PV under the VSS



# Consular Corps Identity Card (CCIC)



# Persons with intellectual disability Documentary Proof

- Sample of Registration Card for People with Disabilities (indicating “intellectual disability” or “mentally handicap”)

## Physical Card



## Electronic card



- Autism is not accepted as the intellectual disability for vaccination subsidy

# Persons with intellectual disability

## Documentary Proof

- Sample of medical certificate issued by a Registered Medical Practitioner that the PID is entitled for subsidised vaccination

**Vaccination Subsidy Scheme (VSS)**  
**Medical Certificate for Persons with Intellectual Disability**

This form is to be completed and kept by the attending registered medical practitioner to certify that the person named below is a Person with Intellectual Disability for the purpose of claiming vaccination subsidy under VSS 2022/23.

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

Identity Document No.: \_\_\_\_\_  
(the first four digits)

Signature of attending doctor: \_\_\_\_\_

Name of attending doctor: \_\_\_\_\_

Clinic Chop:

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

# Persons with intellectual disability

## Documentary Proof

- Sample certificate issued by the Person-in-charge of designated PID Institutions that certifying the person is a service user of the institution

**Vaccination Subsidy Scheme (VSS)**  
**Certificate for Persons with Intellectual Disability (Single Person)**

This is to certify the person named below is a user of our institution, which is a designated institution serving non-institutionalised persons with intellectual disability (PID) as listed at the website of the Centre for Health Protection ([http://www.chp.gov.hk/files/pdf/list\\_of\\_designated\\_pid\\_institutions\\_2021\\_22.pdf](http://www.chp.gov.hk/files/pdf/list_of_designated_pid_institutions_2021_22.pdf)) for the purpose of claiming vaccination subsidy under VSS 2021/22.

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY)

Identity Document No.: \_\_\_\_\_  
(the first four digit)

Signature: \_\_\_\_\_  
(Name of the Person-in-charge of the designated PID institution)

\_\_\_\_\_  
(Name of the designated PID Institution)

Chop of the designated PID Institution

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

*Single person*

**Vaccination Subsidy Scheme (VSS)**  
**Certificate for Persons with Intellectual Disability (Multiple Persons)**

This is to certify the persons listed below are users of our institution, which is a designated institution serving non-institutionalised persons with intellectual disability (PID) listed at the website of the Centre for Health Protection ([http://www.chp.gov.hk/files/pdf/list\\_of\\_designated\\_pid\\_institutions\\_2021\\_22.pdf](http://www.chp.gov.hk/files/pdf/list_of_designated_pid_institutions_2021_22.pdf)) for the purpose of claiming vaccination subsidy under VSS 2021/22.

Serial No.	Name (English)	Name (Chinese)	Date of Birth (DD/MM/YY)	Identity Document Number (First 4 digits only)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signature: \_\_\_\_\_  
(Name of the Person-in-charge of the designated PID institution)

\_\_\_\_\_  
(Name of the designated PID Institution)

Chop of the designated PID Institution

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

*Multiple people*

# 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 :-

- \$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)

- \$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 is found to have obtained allowance by deception or intentionally fails to report changes in information previously provided which may cause a reduction of the amount of allowance payable for SSA may be liable to prosecution for an offence under the Theft Ordinance.

Further information or disqualification for SSA may be liable to prosecution for an offence under the Theft Ordinance.

Beware of fraudsters who may attempt to contact you for more information.

Remarks

- (1) This is a
- (2) For Dis

Assessm  
eligibilit

If you wish to make arrangement by phone beforehand.

*"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 DD/MM/YYYY, has been approved."*

# 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”

❑ For vaccine recipients presenting “Certificate of CSSA Recipients (for Medical Waivers) issued before 15 December 2018, they / their guardians have to sign another self-declaration form, confirming the recipients are receiving under CSSA Scheme standard rate of:

- “100% disabled” or
- “requiring constant attendance”

❑ Self-declaration form to be provided by doctors

SWD  
社會福利署  
SOCIAL WELFARE DEPARTMENT

CHAN TAI MAN 陳大文  
FLAT/RM 888 X, WONG TUNG HOUSE  
TUNG TAU ESTATE  
KOWLOON

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)

簽發日期: 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期內可獲豁免支付所或醫院(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 vaccine recipients presenting new Annex page of “Notification of Successful Application”/ “Notification of Revision of Assistance” (Annex IV), they / their guardians have to sign another self-declaration form, confirming the recipients are receiving under CSSA Scheme standard rate of:

- “100% disabled” or
- “requiring constant attendance”

- ❑ Self-declaration form to be provided by doctors

Annex

the waiver  
ing the  
period of

X/XXXX

I

XX

XX

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(s) of CSSA, and

eligible

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eligible

he same


 社會福利署  
Social Welfare Department

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。



# 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.: \_\_\_\_\_ (only the alphabet and the first three digits are required)    X X X (X)  
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, 以匯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 (只要英文字母及首 3 個數字):    X X X (X)  
聯絡電話號碼: \_\_\_\_\_  
日期: \_\_\_\_\_

# Designated Hotline for Enrolled Doctors

**Tel: 2125 2299 / 3975 4806**



**THANK YOU**

