

To whom it may concern  
敬啟者

Date of issue of letter 發出日期

Certification for Specific Group of Immunocompromised Persons for HPV Catch-up Vaccination<sup>#</sup>  
就人類乳頭瘤病毒疫苗補種<sup>#</sup>特定組別的免疫力弱人士確認證

This is to certify that the following person  
茲證明以下人士

**Name 姓名**  
(as shown in identification document  
如身份證明文件所顯示) : \_\_\_\_\_

**Date of Birth 出生日期** : \_\_\_\_\_ (DD/MM/YYYY)

**Document Type & Number**  
證件種類及號碼  HKID number 香港身份證號碼 \_\_\_\_\_  
Others, please state the  
type and number  
其他，請註明種類及號碼 \_\_\_\_\_

**School Name (if applicable)** : \_\_\_\_\_  
學校名稱（如適用）

belongs to the specific group of immunocompromised persons (See Annex).  
屬於特定組別的免疫力弱人士（見附頁）。

( \_\_\_\_\_ )

Signature and Name of Registered Medical Practitioner  
註冊醫生簽署及姓名

<sup>#</sup>Must be female Hong Kong residents born between 2004 and 2008 and have not been covered by the Hong Kong Childhood Immunisation Programme  
<sup>#</sup>必須為 2004 年至 2008 年出生而未被香港兒童免疫接種計劃涵蓋的女性香港居民

This certification remains valid for 6 months from the date of issue.  
此確認證的有效期為簽發日期計的 6 個月內。

## Immunocompromised Persons 免疫力弱人士

Group 類別	Details 詳情
Active cancer 現正患上癌症	Active immunosuppressive treatment for solid tumor or hematological malignancy (including leukaemia, lymphoma, and myeloma), or within 12 months of ending such treatment 正接受腫瘤或血癌（包括白血病、淋巴瘤和骨髓瘤）免疫抑制治療，或於結束此類治療 12 個月內
Transplant recipients 移植接受者	Receipt of solid-organ transplant and taking immunosuppressive therapy 曾接受器官移植並正接受免疫抑制治療 Receipt of stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy) 曾接受幹細胞移植 (於兩年內曾接受移植或免疫抑制治療)
Immunodeficiency 免疫缺陷病	Severe primary immunodeficiency 重度原發性免疫缺陷症 Chronic dialysis 正長期接受透析治療
HIV Infection 愛滋病病毒感染	HIV with a current CD4 cell count of <200 cells/μl, evidence of an opportunistic infection, not on HIV treatment, and/or with a detectable viral load 愛滋病病毒感染及現時 CD4 淋巴細胞指數少於每微升 200 個細胞、有併發機會性感染、未接受愛滋病病毒治療和 / 或病毒載量可檢測到
Immunosuppressive 免疫抑制藥物	Active treatment causing significant immunosuppression, including high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents, tumor-necrosis factor (TNF) blockers, or other highly immunosuppressive drugs 正接受藥物治療導致顯著免疫抑制，包括高劑量皮質類固醇、烷化劑、抗代謝藥物、器官移植相關的免疫抑制藥物、癌症化療藥物、腫瘤壞死因子(TNF)抑制劑或其他重度免疫抑制藥物  Immunosuppressive chemotherapy or radiotherapy within the past 6 months 過去 6 個月內接受過免疫抑制性化療或放射治療
Other immunocompromised conditions, please specify / 其他免疫能力較低的情況，請註明:  <hr/>	