FOR PERSONS AGED BELOW 65 YEARS

Consent to Use Vaccination Subsidy
Vaccination Subsidy Scheme
Department of Health

eHS(S) Transaction No. (For Doctor's Use)
ONE TRANSACTION NUMBER ONLY

TG - -

Note: Please complete this form in BLOCK letters using black or blue pen and put a "✓" in appropriate boxes and *delete as appropriate. **Two consent forms are required for two doses of subsidised vaccination.** Please read the information sheet about the Vaccination Subsidy Scheme and the vaccine concerned before you sign this form.

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I consent to use the Government subsidy for **myself** / **my child** / **my ward** * to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-

Name of Doctor		Date of Vaccination	
Place of Vaccination			

Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)

☐ Inactivated Influenza Vaccine (Injectable)

☐ Live Attenuated Influenza Vaccine (Nasal Spray)

ALL persons aged 9 or above:

☐ The only dose for this season

Children under the age of 9 but have received Seasonal Influenza Vaccination in previous seasons:

☐ The only dose for this season

Children under the age of 9 but have NEVER received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):

☐ The first dose for this season ☐ The second dose for this season

Eligibility Statement (Put a "✓" in the most appropriate box and * delete as appropriate.)

I confirm that **I am** / **my child is** / **my ward is** * a Hong Kong resident and that:

☐ I am pregnant
Confirmation of pregnancy by attending enrolled doctor: _____
Attending Enrolled Doctor's Signature

☐ I am between the age of 50 and less than 65 *(For 65 years old or above, please use another form)*

☐ **My child** / **ward** * is between the age of 6 months and less than 18 years **OR** is 18 years or above but attending a secondary school in Hong Kong *(For the latter, please provide a copy of student handbook/ card)*

☐ **My child** / **ward** * is a person with intellectual disability holding:

- ☐ The Registration Card for People with Disability specifying "Intellectual Disability" or "Mentally Handicap" : ☐ physical card ☐ electronic version^

  ^Confirmation of possessing the Registration Card (electronic version) by attending enrolled doctor: _____
  Attending Enrolled Doctor's Signature

- ☐ A medical certificate issued by a Registered Medical Practitioner that my child / ward is entitled to subsidized vaccination

- ☐ A certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that my child / ward is a service user of the institution

(Please provide a copy of the aforesaid document except the electronic version of Registration Card for People with Disability)

☐ **I am** / **My child is** / **My ward is** *

- ☐ A recipient of the Social Welfare Department's Disability Allowance *(Please provide a copy of the disability allowance approval letter)*
- ☐ A recipient of standard rate of "100% disabled" or "requiring constant attendance" under the Comprehensive Social Security Assistance ("CSSA") Scheme of the Social Welfare Department *(Please provide a copy of documentary proof and sign a self-declaration form provided by the doctor enrolled in VSS)*

Please continue in the next page.

Eligibility Statement (Put a "✓" in the most appropriate box and * delete as appropriate.)

☐ I am between the age of 18 and less than 50 years, and is

☐ A recipient of CSSA of the Social Welfare Department, and is
(Please provide a copy of documentary proof and sign a self-declaration form provided by the doctor enrolled in VSS)

☐ Certified by the attending enrolled doctor as a person with any of the following high-risk conditions#:

_____
Attending Enrolled Doctor's Signature making the certification as mentioned opposite

#High-risk conditions include:

- Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases;
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment; and
- Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves.

The Personal Details of Recipient (as indicated on identity document)

Name:_____, _____ (English) (surname) (given name)	_____ (Chinese) (surname) (given name)
Date of Birth: _____/_____/_____ (dd/mm/yyyy)	Sex: ☐ Male ☐ Female

Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)

Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.

☐ Hong Kong Birth Certificate Registration No.:	☐☐ ☐☐☐☐☐☐ ( )
☐ Hong Kong Identity Card No.: Date of Issue: _____/_____/_____ (dd/mm/yyyy)	☐☐ ☐☐☐☐☐☐ ( ) HKIC Symbol: ☐ A ☐ C ☐ R ☐ U
☐ Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"): Date of Issue: _____/_____/_____ (dd/mm/yyyy)	R ☐☐☐☐☐☐☐
☐ HKSAR Document of Identity No. (Beginning with "D") : Date of Issue: _____/_____/_____ (dd/mm/yyyy)	D ☐☐☐☐☐☐☐
☐ Permit to Remain in HKSAR (ID 235B) - Birth Entry No.: Permitted to remain until: _____/_____/_____ (dd/mm/yyyy)	☐☐☐☐☐☐☐ ( )
☐ Non-Hong Kong Travel Documents No. (e.g. Foreign passports): HKSAR Visa / Reference No.:	☐☐☐☐☐☐☐☐☐ ☐☐☐☐ - ☐☐☐☐☐☐ - ☐☐ ( )
☐ Certificate issued by the Births Registry for adopted children – No. of Entry:	☐☐☐☐☐☐☐ / ☐☐☐☐☐
☐ Serial No. of the Certificate of Exemption: Reference No.: HKID No. shown on the Certificate: Date of Issue: _____/_____/_____ (dd/mm/yyyy)	☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐☐ ( )

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data.

Signature of recipient (or finger print if illiterate#): _____

Contact Telephone No.: _____ Date: _____

Please continue in the next page.

Parent / Guardian should complete the following only if recipient is aged below 18 / mentally incapacitated

Signature of Parent / Guardian: _____ Name of Parent / Guardian (in English): _____

Relationship: ☐ Father ☐ Mother ☐ Guardian

Contact Telephone No.: _____ Date: _____

 # Witness should 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: _____

Undertaking and Declaration

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

Statement of Purpose

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
   (a) for creation, processing and maintenance of an eHealth (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;
   (b) for statistical and research purposes;
   (c) for receiving vaccination information provided by the Government; and
   (d) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The Department of Health may disclose/obtain personal data and records of you / your child / your ward to/from the Government bureaux / departments concerned for the purpose of verifying your eligibility under Vaccination Subsidy Scheme.
4. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

Classes of Transferees

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

Access to Personal Data

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

Enquiries

7. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
   Executive Officer (Vaccination Subsidy Scheme)
   Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon / Telephone No.: 2125 2125