RCH Code				
(To be completed by RCH Staff)				



# Programme Programme

# **Vaccination Consent Form**

eHS(S) Transaction No.						
1. TR						
2. TR						
Type of Vaccines*	Vaccination Date in 2024/25 (dd/mm/yyyy)					
$ \begin{array}{c c} SIV \\ (only / 1^{st} / 2^{nd} dose) \end{array} $	/ /					
PCV15	/ /					
23vPPV	/ /					
Name of VMO:						

1. Please complete this form in BLOCK LETTERS using black or blue pen.

Note:

2. This form is to be retained by the VMO after vaccination.

		ained by the v							
<u>Part A</u> Personal Particulars of the recipient (as stated on the identity document)									
The recipient is a resident / boarder of residential care home for (Please select by inserting a "×"in the appropriate box)  lederly persons with disabilities a child of residential child care centre.									
Name						(English)		(Chinese)	
Date of Birth	dd	mm	уууу			Sex	☐ Male	☐ Female	
Chinese Commercial Code									
Identity Document (Please select an identity document by inserting a "x"in the appropriate box below and fill in the information required) Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.									
Hong Kong Idei No.	ntity Card				)	Date of Issue	dd	mm yy	
Serial No. of the of Exemption	e Certificate								
Reference No.									
HKIC No. as sh Certificate	own on the			(	)	Date of Issue	dd	mm yy	
Hong Kong Birt Registration No					)				
Hong Kong Re-	entry Permit					Date of Issue	dd	mm yy	
Document of Ide	entity					Date of Issue	dd	mm yy	
Permit to Remai (ID 235B) Birth					)	Permitted to remain until	dd	mm yy	
Non- Hong Kon Document No.	g Travel								
Visa / Reference	e No.		-			-   (			
Certificate issue Registry for ado Children – No. o	pted			/					

Part B Undertaking and Declaration							
To be completed by Parent/Guardian if vaccine recipient is aged below 18 years / mentally incapacitated (Please insert a "×" as appropriate.)							
I give my consent for the recipient to receive the following vaccination(s):							
☐ Seasonal Influenza Vaccine ☐ 15-valent Pneumococcal Conjugate Vaccine ☐ 23-valent Pneumococcal Polysaccharide Vaccine							
Children aged below 9 who have never received any Seasonal Influenza Vaccine can receive 2 doses in this vaccination season.							
☐ First dose of Seasonal Influenza Vaccine ☐ Second dose of Seasonal Influenza Vaccine							
Children aged below 9 and received Seasonal Influenza Vaccine in previous season are recommended to receive 1 dose of vaccine.							
☐ First and only dose of Seasonal Influenza Vaccine							
The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to healthcare professional for the use by the Government for the purpose set out in the "Statement of Purpose".							
Signature of Parent / Guardian			Name of Parent / Guar	dian			
(or finger print if illiterate, witness to complete <b>Part C</b> )			Hong Kong Identity Card No. / Social Welfare Department Staff No.				
Relationship with the recipient	Parent	□Guardian	Date	dd	mm yyyy		
Part C To be Completed by the Witness (if applicable)							
This document has been read and explained to the recipient or Parent / Guardian of the recipient in my presence.							
Signature of witness			Name of witness				
Hong Kong Identity Card No. (e.g. A123)			Date	dd	mm yyyy		

#### **Statement of Purpose**

#### **Purposes 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 injection fee, and the administration and monitoring of the Residential Care Home Vaccination Programme, 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; and
  - (c) any other legitimate purposes as may be required, authorised or permitted by law.
- 2. The vaccination record made for the purpose of this visit will be accessible by healthcare personnel in the public and private sectors for the purpose of determining and providing necessary healthcare service to the recipient.
- 3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive the vaccination under the Programme.

#### **Classes of Transferees**

4. The personal data you provided are mainly for use within the Government but they 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**

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

## **Enquiries**

6. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to Programme Management and Vaccination Division, Department of Health, Telephone No.: 3975 4474 / 3975 4455.