

School / Institution Code
(To be completed by School / Institution)



Seasonal Influenza Vaccination for Persons with Intellectual Disability (Non-institutionalised) Under Residential Care Home Vaccination Programme
Vaccination Consent Form

eHS(S) Transaction No.	
1. TR	
2. TR	
Seasonal Influenza Vaccine	Vaccination Date in 2023/24 (DD/MM/YY)
1 st or only dose	/ /
2 nd dose	/ /
Name of VMO:	

- Note: 1. Please complete this form in BLOCK LETTERS using black or blue pen.
2. This form is to be retained by the VMO after vaccination.

Part A Personal Particulars of the recipient (as stated on the identity document)

Name	(English)	(Chinese)
Date of Birth	dd mm yyyy	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Chinese Commercial Code		

Identity Document

(Please select an identity document by inserting a "×" 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.

<input type="checkbox"/> Hong Kong Identity Card No.	()	Date of Issue	dd mm yyyy
<input type="checkbox"/> Serial No. of the Certificate of Exemption			
Reference No.			
<input type="checkbox"/> HKIC No. as shown on the Certificate	()	Date of Issue	dd mm yyyy
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	()		
<input type="checkbox"/> Hong Kong Re-entry Permit		Date of Issue	dd mm yyyy
<input type="checkbox"/> Document of Identity Document No.		Date of Issue	dd mm yyyy
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) Birth Entry No.	()	Permitted to remain until	dd mm yyyy
<input type="checkbox"/> Non- Hong Kong Travel Document No.			
Visa/Reference No.	-	-	()
<input type="checkbox"/> Certificate issue by the Birth Registry for adopted Children - No. of Entry	/		

Part B Undertaking and Declaration**To be completed by Parent / Guardian of the Recipient**

(Please insert a “ × ” as appropriate.)

I confirm that the above service user is a person with intellectual disability. I give my consent for the above service user to receive Seasonal Influenza 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 (or finger print if illiterate, witness to complete Part C)		Name of Parent/ Guardian	
		Hong Kong Identity Card No. / Social Welfare Department Staff No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ()
Relationship with the recipient	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Date	<input type="text"/> <input type="text"/> <input type="text"/> dd mm yy

Part C To be Completed by the Witness (if applicable)

This document has been read and explained to the Parent/ Guardian of the recipient in my presence.

Signature of witness		Name of witness	
Hong Kong Identity Card No. (e.g. A123)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ()	Date	<input type="text"/> <input type="text"/> <input type="text"/> dd mm yy

Statement of Purpose**Purposes of Collection**

- The personal data provided 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 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;
 - for statistical and research purposes; and
 - any other legitimate purposes as may be required, authorised or permitted by law.
- 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.
- 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

- 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

- 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 Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

Enquiries

- 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 4455.