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| --- | --- | --- | --- |
| School / Institution Code | Symbol DH logo_1c  **Department of Health**  **Seasonal Influenza Vaccination for Persons with Intellectual Disability (Non-institutionalised)**  **Under Residential Care Home**  **Vaccination Programme**  **Vaccination Consent Form** | eHS(S) Transaction No. | |
| (To be completed by School / Institution) | 1. TR | |
| 1. TR | |
| Seasonal Influenza Vaccine | Vaccination Date in 2023/24  (DD/MM/YY) |
|  |
| 1st or only dose | / / |
| 2nd 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 | | | Male  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.* | | | | | | | | | | | | | | | | | | | | |
| Hong Kong Identity Card No. | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | **(** |  | **)** | | | | | | | | Date of Issue | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | dd | |  | mm | |  | yyyy | | | | | | | | |
| Serial No. of the Certificate of Exemption | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| Reference No. | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| HKIC No. as shown on the Certificate | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | **(** |  | **)** | | | | | | | | Date of Issue | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | dd | |  | mm | |  | yyyy | | | | | | | | |
| Hong Kong Birth Certificate Registration No. | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | **(** |  | **)** | | | | | | | | | | | | | | | |
| Hong Kong Re-entry Permit | | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | | | | Date of Issue | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | dd | |  | mm | |  | yyyy | | | | | | | | |
| Document of Identity Document No. | | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | | | | Date of Issue | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | dd | |  | mm | |  | yyyy | | | | | | | | |
| Permit to Remain in HKSAR (ID 235B) Birth Entry No. | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | **(** |  | **)** | | | | | | | | Permitted to remain until | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | dd | |  | mm | |  | yyyy | | | | | | | | |
| Non- Hong Kong Travel Document No. | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| Visa/Reference No. | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | - |  |  |  |  |  |  |  | - |  |  | **(** |  | **)** | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | **(** |  | **)** | | |
| Relationship with the recipient | | | | Parent | | | Guardian | | | Date | | | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | 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) | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | **(** |  | **)** | | | | | | | Date | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | dd | |  | mm | |  | yy | | | | |

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| **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:    1. 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;    2. for statistical and research purposes; and    3. 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  1. 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  1. 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  1. 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. |