



2020/21

Vaccination Subsidy Scheme

**Operations of the Vaccination Subsidy Scheme
and eHealth System (Subsidies)**

July 2020



衛生署
Department of Health



- **1. Basic Principles**
- **2. Consent Forms**
- **3. VSS Outreach Activities**
- **4. Common Problems in Making Claims**



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1. BASIC PRINCIPLES



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Basic Principles - Enrolment

Enrolment	
Online Enrolment	https://apps.hcv.gov.hk/eform/main.aspx?lang=zh
Paper Enrolment	https://www.chp.gov.hk/tc/features/45858.html

Doctors should read through the following documents in details:

- [Appendix J: Vaccination Subsidy Scheme Definitions Terms and Conditions of Agreement \(VSS Agreement\)](#)
- [VSS 2020/21 Doctors' Guide](#)

Basic Principles – Ascertain Eligibility and Obtain Consent

- Check vaccination records in the eHS(S) and ascertain availability of subsidy to receive the vaccination
- Verify past vaccination history and vaccination record, and decide whether the eligible person is clinically indicated for the vaccination
- Complete and sign the "Consent to Use Vaccination Subsidy" form before vaccination

Basic Principles – Subsidy and Service Charge

- Enrolled doctors can claim reimbursement for vaccinations provided to target groups and can charge service fee
- Service fee should be shown on VSS price poster and the information will be uploaded to <https://apps.hcv.gov.hk/Public/en/SPS/Search> for search by the public
- Service fee means **ALL** fees related to the vaccination, including booking fees, health assessment fees or any fees

Basic Principles – Submit Claims

- Doctors should submit claims through eHealth System (Subsidies) only **after vaccination has actually been given**
- Make claims **immediately** (within 7 days) after the vaccination (vaccination day is regarded as day 1)
- Keep record for **at least 7 years**

Basic Principles – Confirmation of Claims

- If the claim is entered by the doctor's delegates using "Data Entry Account", the doctor is required to login to eHS(S) and confirm the transaction records entered by his/her delegates
- The doctor should confirm the transactions ASAP to ensure timely processing of claims



2. CONSENT FORMS



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Consent Forms

Types of Consent Forms

Setting(s) applicable



Elderly aged 65 years or above

Clinic +
Non-clinic



Non-elderly aged under 65 years

Clinic +
Non-clinic



School children under VSS School Outreach
(Extra Charge Allowed) Programme

VSS School
Outreach
Only



Sample of Consent Form for Elderly

衛生署
疫苗資助計劃
使用疫苗資助同意書

適用於年屆 65 歲或以上長者

Check the target group

醫健通 (資助) 交易號碼 (由醫生填寫)

只可填寫一個交易號碼

ONE

Transaction
number for

ONE Consent
Form

IG

-

-

注意：請用黑色或藍色筆以正楷填寫本同意書並在適當位置加上“✓”號及 * 刪去不適用者。

如果同時接種兩種疫苗，只須填寫一份同意書，如並非同時接種，須分別填寫兩份同意書。

在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

本人同意使用政府在疫苗資助計劃下提供的資助為本人接種季節性流感疫苗 / 肺炎球菌疫苗，詳情如下：

醫生姓名	Dr CHAN, Tai Man	接種日期	23 January 2021
接種疫苗地點名稱	Super Healthy Medical Centre (Central)		
疫苗種類 (請在適當位置加上“✓”號)			
<input checked="" type="checkbox"/> 四價季節性流感疫苗			
<input type="checkbox"/> 23 價肺炎球菌多醣疫苗 (23 價疫苗)# 或 <input type="checkbox"/> 13 價肺炎球菌結合疫苗 (13 價疫苗)#			
# 沒有高風險情況的長者可獲資助接種一劑 23 價疫苗； 有高風險情況的長者可獲資助接種一劑 13 價疫苗及一年後接種一劑 23 價疫苗。兩劑的接種最少相隔一年時間。			
<input checked="" type="checkbox"/> 登記參與計劃的主診醫生確認長者有 <u>高風險情況</u> ：			
			SIGNATURE 登記參與計劃的主診醫生簽署確認

Tick as
appropriate

Sign to confirm the recipient is
of high risk condition

(Tentative)

Sample of Consent Form for Persons aged below 65

適用於 65 歲以下人士

Check the target group

衛生署
疫苗資助計劃
使用疫苗資助同意書

醫健通 (資助) 交易號碼 (由醫生填寫)

只可填寫一個交易號碼

TG

ONE

Transaction
number for

ONE Consent
Form

注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。

在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

請在適當位置加上“✓”號及 * 刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助為本人 / 本人的子女 / 受監護者 * 接種季節性流感疫苗，詳情如下：

醫生姓名	<i>Dr CHAN, Tai Man</i>	接種日期	<i>23 January 2021</i>
接種疫苗地點名稱	<i>Owners' Corporation Office, Peaceful Garden</i>		
季節性流感疫苗種類及劑次 (請在適當位置加上“✓”號)			
<input checked="" type="checkbox"/> 滅活四價疫苗 (注射式)		9 歲或以上人士： <input type="checkbox"/> 本季度唯一一劑	
<input type="checkbox"/> 滅活四價疫苗 (噴鼻式)		9 歲以下兒童但過往季度曾接種季節性流感疫苗： <input type="checkbox"/> 本季度唯一一劑	
		9 歲以下兒童並從未接種季節性流感疫苗： <input type="checkbox"/> 本季度第一劑 <input checked="" type="checkbox"/> 本季度第二劑	

If it is an
outreach activity,
the venue shall
tally with
information in
notification form

Tick as
appropriate

LAIV can be used for people 2-49 years of age except those who are pregnant, immunocompromised or with other contraindications

(Tentative)

Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

適用於參與疫苗資助學校外展（可額外收費）計劃之學童

衛生署 疫苗資助計劃 使用疫苗資助同意書

醫健通（資助）交易號碼（由醫生填寫）
只可填寫一個交易號碼
TG - -

注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。

在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

請在適當位置加上“✓”號及*刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人的子女 / 受監護者 * 接種季節性流感疫苗，詳情如下：

醫生姓名	接種日期
就讀學校名稱	班級及學號
季節性流感疫苗種類及劑次 （請在適當位置加上“✓”號）	
<input type="checkbox"/> 滅活四價疫苗（注射式） <input type="checkbox"/> 滅活四價疫苗（噴鼻式）	9歲或以上學童： <input type="checkbox"/> 本季度唯一劑 9歲以下學童但過往季度曾接種季節性流感疫苗： <input type="checkbox"/> 本季度唯一劑 9歲以下學童並於過往季度從未接種季節性流感疫苗： <input type="checkbox"/> 本季度第一劑 <input type="checkbox"/> 本季度第二劑
接種疫苗者個人資料 （以身份證明文件所載者為準）	
姓名：_____ 英文（姓氏）（名字）	中文（姓氏）（名字）
出生日期：____/____/____（日/月/年）	性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女
身份證明文件 （請選擇下列其中一項身份證明文件，在適當位置加上“✓”號及填寫所需資料）	
<input type="checkbox"/> 香港出生證明書登記號碼：	[] [] [] [] [] [] ()
<input type="checkbox"/> 香港居民身份證號碼： 簽發日期：____/____/____（日/月/年）	身份證號碼標記： <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U [R] [] [] [] [] []
<input type="checkbox"/> 香港特別行政區回港證號碼（以“RM”或“RS”開首）： 簽發日期：____/____/____（日/月/年）	[D] [] [] [] [] []
<input type="checkbox"/> 香港特別行政區簽證身份書證件號碼（以“D”開首）： 簽發日期：____/____/____（日/月/年）	[] [] [] [] [] []
<input type="checkbox"/> 香港居留許可證（ID 235B）出生登記編號： 獲准逗留至：____/____/____（日/月/年）	[] [] [] [] [] [] ()
<input type="checkbox"/> 非香港旅遊證件號碼（例：外地簽發的護照）： 香港入境處簽證 / 參考編號：	[] [] [] [] [] [] [] [] [] [] [] [] ()
<input type="checkbox"/> 生死登記處發出被領養兒童的領養證明書記項編號：	[] [] [] [] [] [] [] [] [] [] [] []
<input type="checkbox"/> 如未持有以上證件，請附上其他身份證明文件副本：	證件號碼：

DH_VSS (07/20)

請於下頁繼續填寫及簽署 頁 1/2

本人已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的，並確認以上接種疫苗者現正就讀香港的小學或幼稚園 / 幼稚園暨幼兒中心 / 幼兒中心。

父母 / 監護人簽署：_____
 父母 / 監護人姓名：_____
 與接種疫苗者的關係：☐父 ☐母 ☐監護人
 聯絡電話號碼：_____
 日期：_____

承諾及聲明

- 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
- 本人同意把此同意書中本人子女 / 受監護者的個人資料及有關是次會診的任何資料供政府用於「收集個人資料目的」所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人子女 / 受監護者使用政府資助以接種疫苗事宜。
- 此同意書受香港特別行政區法律管轄，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權。
- 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

收集個人資料目的聲明

收集個人資料目的

- 所提供的個人資料，會供政府作下列一項或多項用途：
 - 開設、處理及管理醫健通（資助）戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於透過電子程序與入境事務處的數據核對；
 - 作統計和研究用途；以及
 - 作法律規定、授權或准許的任何其他合法用途。
- 就是次會診作出的疫苗接種記錄，可給公營及私營醫護人員取得，作為決定及提供服務使用者所需要的醫療服務的用途。
- 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法使用資助。

接受轉介人的類別

- 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第1、2段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

- 根據《個人資料(私隱)條例》(香港法例第486章)第18和第22條以及附表1保障資料原則第6原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

查詢

- 如欲查閱或修改有關提供的個人資料，請聯絡：
 行政主任(疫苗資助計劃)
 地址：九龍亞皆老街147C 衛生防護中心二樓A座
 電話：2125 2125

DH_VSS (07/20)

頁 2/2

Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

適用於參與疫苗資助學校外展（可額外收費）計劃之學童

衛生署
疫苗資助計劃
使用疫苗資助同意書

只可填寫一個交易號碼
TG

注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。
在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。
請在適當位置加上“✓”號及*刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人的子女 / 受監護者 * 接種季節性流感疫苗，詳情如下：

醫生姓名	接種日期
就讀學校名稱	班級及學號

9歲或以上學童：
☐ 減活四價疫苗（注射式）
☐ 減活四價疫苗（噴鼻式）
☐ 本季度唯一劑
☐ 本季度第一劑
☐ 本季度第二劑

9歲以下學童但過往季度曾接種季節性流感疫苗：
☐ 本季度唯一劑

9歲以下學童並於過往季度從未接種季節性流感疫苗：
☐ 本季度第一劑
☐ 本季度第二劑

接種疫苗者個人資料（以身份證明文件所載者為準）

姓名：
 英文（姓氏）（名字）
 中文（姓氏）（名字）
 出生日期： / / （日/月/年/年/年）
 性別：☐男 ☐女

身份證明文件（請選擇下列其中一項身份證明文件，在適當位置加上“✓”號及填寫所需資料）

☐ 香港出生證明書登記號碼：
☐ 香港居民身份證號碼：
 簽發日期： / / （日/月/年/年）
 身份證符號標記：☐A ☐C ☐R ☐U

☐ 香港特別行政區回港證號碼（以“RM”或“RS”開首）：
 簽發日期： / / （日/月/年/年/年）
 身份證符號標記：☐R

☐ 香港特別行政區簽證身份書證件號碼（以“D”開首）：
 簽發日期： / / （日/月/年/年/年）
 身份證符號標記：☐D

☐ 香港居留期許可證（ID 235B）出生登記編號：
 獲准逗留至： / / （日/月/年/年/年）
 身份證符號標記：☐

☐ 非香港旅遊證件號碼（例：外地簽發的護照）：
 香港入境處簽證 / 參考編號：
 身份證符號標記：☐

☐ 生死登記處發出被領養兒童的領養證明書項編號：
 身份證符號標記：☐

☐ 如未持有以上證件，請附上其他身份證明文件副本：
 證件號碼：
 衛生署
Department of Health

*This form is applicable for **students** participating in this Programme **only**.*

For students receiving vaccinations in clinics or other eligible persons, they should use the other two types of consent forms.

*Fill in the name of school **in full**, the class and class number of the student.*

*For students who are **Hong Kong residents**, the accepted identity documents are the same as those for vaccinations at clinic setting.*

*For students who are **not Hong Kong residents**, they can provide other identity documents.*

(Tentative)

Sample of Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

本人已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的，並確認以上接獲者現正就讀香港的小學或幼稚園 / 幼稚園暨幼兒中心 / 幼兒中心。

父母 / 監護人簽署： _____
父母 / 監護人姓名： _____
與接種疫苗者的關係： ☐ 父 ☐ 母 ☐ 監護人
聯絡電話號碼： _____
日期： _____

承諾及聲明

- 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
- 本人同意把此同意書中本人子女 / 受監護者的個人資料及有關是次會診的任何資料供政府用於「收集個人資料目的」所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人子女 / 受監護者使用政府資助以接種疫苗事宜。
- 此同意書受香港特別行政區法律管轄，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
- 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

收集個人資料目的聲明

收集個人資料目的

- 所提供的個人資料，會供政府作下列一項或多項用途：
 - 開設、處理及管理醫健通（資助）戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於通過電子程序與入境事務處的數據核對；
 - 作統計和研究用途；以及
 - 作法例規定、授權或准許的任何其他合法用途。
- 就是次會診作出的疫苗接種記錄，可給公營及私營醫護人員取得，作為決定及提供服務使用者所需要的醫療服務的用途。
- 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法使用資助。

接受轉介人的類別

- 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1、2 段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

- 根據《個人資料(私隱)條例》(香港法例第 486 章) 第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

查詢

- 如欲查閱或修改有關提供的個人資料，請聯絡：
行政主任(疫苗資助計劃)
地址：九龍亞皆老街 147C 衛生防護中心二樓 A 座
電話：2125 2125

Parent / Guardian should sign and fill in the information on the page 2 of the consent form.

父母 / 監護人簽署： _____
父母 / 監護人姓名： _____
與接種疫苗者的關係： ☐ 父 ☐ 母 ☐ 監護人
聯絡電話號碼： _____
日期： _____



3. VSS OUTREACH VACCINATION ACTIVITIES



衛生署
Department of Health

Organizers

VSS School Outreach (Extra Charge Allowed)



Primary Schools,
Kindergarten, and
Child-care Centres

VSS Vaccination at Non-Clinic Settings



Including → NGOs
Universities
Companies
Elderly Centres
Owners' Corporations
Others

Other Institutions and
Community Groups

- Claim submission **similar to routine VSS:**
 - No batch upload**
- Recipients should be **HK residents**, unless the recipients are school children receiving vaccination **at their schools**
- School children **who are non-HK residents** are required to submit a copy of their identity proof to PMVD for manual validation:

For example,

 - ☐ two-way permit
 - ☐ Recognizance, Form No. 8 (俗稱行街紙), etc.
- **List of doctors providing service** under this scheme will be displayed at the CHP website

- The use of logos of DH, CHP and VSS without prior permission of DH on any materials issued by the participating doctors is **prohibited**.
- Doctors, organisers and participants should stay clear of associating with any **improper financial (or advantage) transactions**.
- PMVD might conduct **on-site inspections** with prior notification.
- EPD might conduct **surprise on-site inspections** to ensure the compliance with the Waste Disposal (Clinical Waste) (General) Regulation.

Non-clinic Practice – Enrolment

- For doctors who **have not joined VSS**:
- Application form (Appendix A+B)
<https://www.chp.gov.hk/en/features/45858.html>
 1. Complete **Appendix A** and **Appendix B**
 2. Fill in **non-clinic practice details** in **Part II (E) of App. A**,
Put down a **remark** or use the blanks in **Practice No. 5 (p.10)**
 3. Submit application form to PMVD with **supporting documents**

Practice No. (5): (only applicable to outreaching vaccination at non-clinic setting under VSS)

(5) Name (in English): _____

Name (in Chinese): _____

Address (in English): _____

Address (in Chinese): _____

District: _____

Telephone no.: _____

Non-clinic Practice – Enrolment

- For doctors who **have joined VSS**:
- Request to Change Particulars (Change form)
<https://www.chp.gov.hk/files/pdf/changeform.pdf>
 1. Complete change form with details of new practice in **Part C**
 2. **Circle** to indicate that the practice will be for **non-clinic setting**
 3. Submit application form to VO with **supporting documents**

Practice tel. no. : _____

☐ Please deliver the Smart IC Card Reader to the new practice via post.

Scheme(s)/ Programme to which this new practice relates:

☐ HCVS ☒ VSS (Clinic setting **Non-clinic setting** ^{***})

☐ RVP ☒ PCD (Non-governmental Organisation / **Private** / School ^{##})

^{##} Please circle as appropriate.

VSS Service Fees Schedule (For new practice relevant to VSS)

[N.B. Service fees include **ALL** fees related to the vaccination but **EXCLUSIVE** of Government subsidy; and The service fees information for use of QIV will be displayed in the [on-line directory of the CHP website.](#)]

☐ Pregnant Women TIV \$ _____ QIV \$ _____



Notification Form

To: Programme Management and Vaccination Division (PMVD)
(Fax: 2713 9576)

**Notification on Vaccination Activity at Non-clinic Setting
under Vaccination Subsidy Scheme (VSS) or
VSS School Outreach (Extra Charge Allowed) Programme**

Notes

1. This notification should be submitted to PMVD at least two weeks before the vaccination date. Even if certain details of the activity are yet to be confirmed, this Division should be notified at least two weeks before the proposed vaccination date and the information should be submitted after the details are confirmed. Failure to notify two weeks in advance is a non-compliance with the Doctors' Guide and the Agreement with enrolled doctors under VSS.
2. Please submit a separate notification for each session of vaccination activity.
3. Please DO NOT display the logo/ name of any government departments (e.g. Department of Health) or public organisations (e.g. Hospital Authority) on the publicity materials.
4. The information that you provide on this notification may also be forwarded to other third parties, including other Government bureaux and departments, for the provision of healthcare services, for statistical and research purposes, or any other legitimate purposes related to regulation of healthcare services or law enforcement.
5. Staff of the Department of Health will conduct random inspection to ensure compliance of the notification. Enquiry could be made at 3178 9356.

Should be submitted at least 2 weeks before the vaccination activity

Failure to notify 2 weeks in advance is a non-compliance with the Doctors' Guide and the VSS Agreement

(Please attach a copy of the notification to the vaccination activity.)

A. Information of Vaccination Activity

Time (Please delete as appropriate): From _____ (am / pm) to _____ (am / pm)

Venue: _____

Venue Address: _____

Session (Please delete as appropriate): 1st / 2nd / 3rd / 4th / 5th session

Name of Organiser: _____

Contact Person: _____ Contact Number: _____

Nature of Organiser	Estimated Number of Vaccine Recipients		
<input type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre			
<input type="checkbox"/> Primary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Kindergarten / Child Care Centre			

B. Information of Enrolled Doctor and the Medical Organisation

Name of Doctor: _____ SPID: _____

Medical Organisation: _____

Contact Person: _____ Contact Number: _____

C. Management of the Vaccination Activity

Staff Support: (Number of on-site staff provided on the day of vaccination)	Qualifications of the on-site staff	Numbers
	Doctor	
	Registered Nurse	
	Enrolled Nurse	
	Clinic Staff	
	Other Supporting Staff	
	Total	

Service Fees Information:	Vaccine Type	Service Fees (For eligible recipients)	Service Fees (For ineligible recipients)
	QIV (Injection)	\$	\$
	QIV (Oral Spray)	\$	\$
	TIV	\$	\$
	23vFPV	\$	\$
	PCV13	\$	\$

☐ Domestic first-line refrigerator (with or without freezer compartment)

☐ Others, please specify: _____ (Type, brand & model)

Monitoring of vaccine temperature: (1) Regular checking and manual recording of temperature ☐ Yes / ☐ No

Vaccine Transport to Venue: (Put a "✓" as appropriate)

☐ By vaccine supplier

☐ By enrolled doctor/medical organization: in cold box(es), with ice packs, insulating materials, etc. and continuous temperature monitoring using data logger/maximum-minimum thermometer

☐ Others, please specify: _____

Clinical Waste Arrangement
(Put a "✓" as appropriate)

Upon completion of the vaccination activity, the clinical waste:

☐ Will be collected by licensed collector onsite immediately

☐ Will be delivered directly to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional immediately

☐ Will be temporarily stored in a locked cabinet at the vaccination venue and delivered directly to Tsing Yi CWTC by healthcare professional afterwards

☐ Will be temporarily stored in a locked cabinet at the vaccination venue until collection by licensed collector

(Official Stamp)

Signature of Enrolled Doctor: _____

Authorised Signature: _____
For and on behalf of Medical Organisation

Name in Block Letters: _____

Name in Block Letters (Authorised Signatory): _____

Date: _____

Date: _____

Notification Form – Points to Note

General Information			
(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)			
A. Information of Vaccination Activity and Organiser (Please put a “✓” as appropriate)			
Date:	10/12/2020		(dd/mm/yyyy)
Time (Please delete as appropriate):	From 10:00	(am / pm)	to 13:00 (am / pm)
Venue:	Rainbow Elderly Centre		
Venue Address:	333 Happy Road, Kowloon City, KLN		
Session (Please delete as appropriate):	1st / 2nd / 3rd / 4th / 5th session		
Name of Organiser:	Rainbow Elderly Centre		
Contact Person:	Miss LEE	Contact Number:	2765 4321
Nature of Organiser	Estimated Number of Vaccine Recipients		
<input checked="" type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre	100		
<input type="checkbox"/> Primary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Kindergarten / Child Care Centre			

- Provide the best estimation 2 weeks before the activity
- Revise if the figure varies greatly *after the activity*

Notification Form – Points to Note

丙、疫苗接種安排

支援人員：
(疫苗接種當日在場支援人員數目)

在場人員的資歷	人數
醫生	
註冊護士	
登記護士	
診所職員	
其他支援人員	
總數	

收費資料：

疫苗種類	收費 (受資助人士)	收費 (非受資助人士)
四價流感疫苗(注射式)	\$ 0	\$ 240
四價流感疫苗(噴鼻式)	\$ 100	\$ 340
二十三價肺炎球菌多醣疫苗	\$ -----	\$ -----
十三價肺炎球菌結合疫苗	\$ -----	\$ -----

Fill in the service fees only if certain types of vaccines are provided in the outreach activity. Cross out the fields or leave the fields blank if the type of vaccine is not provided in the activity.

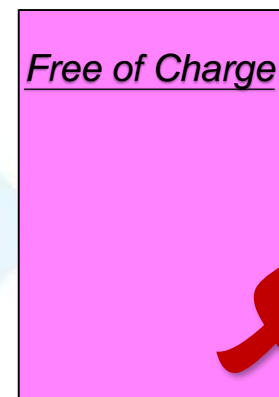
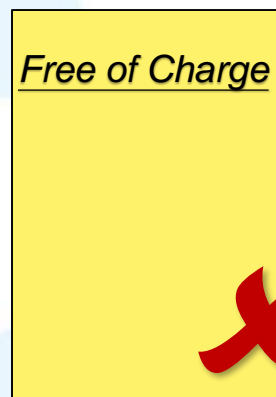
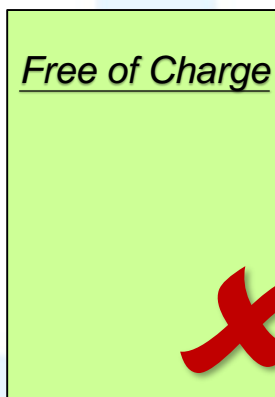
Notification Form – Points to Note

General Information			
(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)			
A. Information of Vaccination Activity and Organiser (Please put a “✓” as appropriate)			
Date:	10/12/2020		(dd/mm/yyyy)
Time (Please delete as appropriate):	From 10:00	(am / pm)	to 13:00 (am / pm)
Venue:	Sunshine Primary School		
Venue Address:	1 Happiness Road, Kowloon Tong, KLN		
Session (Please delete as appropriate) :	1 st / 2nd / 3rd / 4th / 5th session		
Name of Organiser:	Sunshine Primary School		
Contact Person:	Miss CHAN	Contact Number:	2123 4567
Nature of Organiser	Estimated Number of Vaccine Recipients		
<input type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre			
<input checked="" type="checkbox"/> Primary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Kindergarten / Child Care Centre	100	20	0

- Provide the best estimation weeks before the activity
- Revise if the figure varies *after* the activity

Consent Form for VSS School Outreach (Extra Charge Allowed) Programme

- Do not mix up with the consent forms of Seasonal Influenza Vaccination School Outreach (Free of Charge) (usually printed with green / yellow / pink paper)
- Otherwise, subsidy cannot be reimbursed to VSS doctors

Claim Procedures for Non-HK Resident Students (VSS School Outreach (Extra Charge Allowed) Programme only)

Submission of **certified true copy**
of the consent form with copy of
the student's identity document

Manual validation by PMVD

Reimbursement of subsidy



4. COMMON PROBLEMS IN MAKING CLAIMS



Common Problems

- Incorrect dose order
- Incorrect input of identity document number
- Incorrect recipient's name
- Missing signature/Signature on the wrong field
- Missing place of vaccination



Common Problems

■ Wrong entry of the **identity document type**

Examples of common wrong entry found :

1. Hong Kong Identity Document vs Hong Kong Birth Certificate

Tips : Document number with prefix “M” or “R” should be Hong Kong Identity Card.

2. Hong Kong SAR Re-entry Permit vs Document of Identity

Tips : Document number with prefix “RM” and “RS” should be Hong Kong SAR Re-entry Permit.

Document number with D or DJ should be document of identity

Please refer to the Doctors' Guide Appendix for samples of the identity documents



Identity Documents

HKIC Symbol
(**First alphabet**
below date of birth)

*HKIC Issue
Date*



*HKIC
Number*

Hong Kong Identity Card

Identity Documents

*Flip to back
for card
reading*

HKIC Symbol

*(**First alphabet***

below date of birth)

*HKIC Issue
Date*

*HKIC
Number*



New Hong Kong Identity Card



Identity Documents – HKIC Symbol

eHealth System (Subsidies)

KUNG, CHUNG KONG

Home Inbox Logout

Claim

1. Search eHealth (Subsidies) Account >>> 2. Enter Details 3.

Enter Details

Account Information

Document Type: Hong Kong Identity Card

Name: CHAN, TAI MAN (陳太文)

HKIC No.: UP162XXX(X) / C

Date of Birth / Gender: 01-01-1930 / Male

Date of Issue: 05-05-05

Claim Information

Practice: KUNG CHUNG KONG - ... Clinic (2)

Scheme: Vaccination Subsidy Scheme

Service Date: 27-08-2018

Category:

- ☒ Persons aged 50 - 64 years
- ☐ Persons with Intellectual Disability
- ☐ Persons receiving Disability Allowance

Subsidy	Dose	Subsidy Amount
<input type="checkbox"/> QIV-A 2018/19	Only Dose	\$210
<input type="checkbox"/> TIV-A 2018/19	Only Dose	\$210
Total Subsidy Amount		\$0

Cancel Claim

In claim page

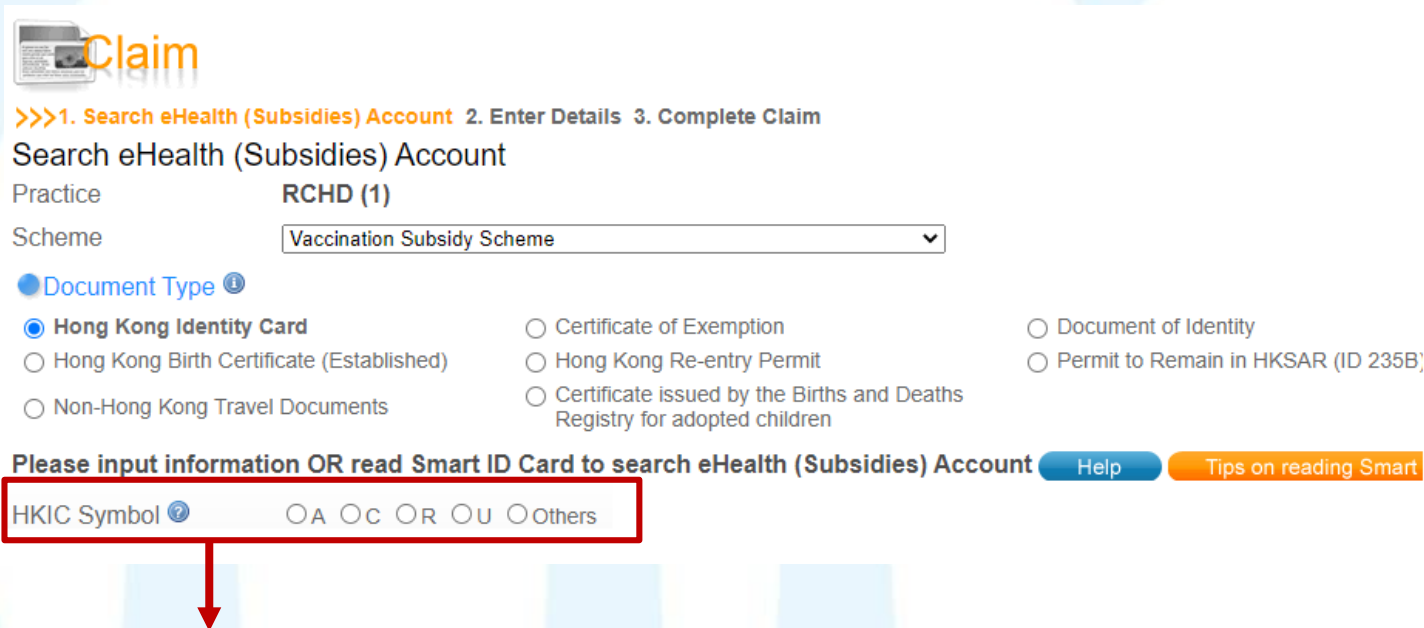
The inputted HKIC Symbol will be displayed in Account information section and next to "HKIC No."

Example:

HKIC No. / Symbol UP162XXX(X) / C



Identity Documents – HKIC Symbol



Claim

>>>1. Search eHealth (Subsidies) Account 2. Enter Details 3. Complete Claim

Search eHealth (Subsidies) Account

Practice **RCHD (1)**

Scheme **Vaccination Subsidy Scheme**

Document Type

☒ Hong Kong Identity Card

☐ Hong Kong Birth Certificate (Established)

☐ Non-Hong Kong Travel Documents

☐ Certificate of Exemption

☐ Hong Kong Re-entry Permit

☐ Certificate issued by the Births and Deaths Registry for adopted children

☐ Document of Identity

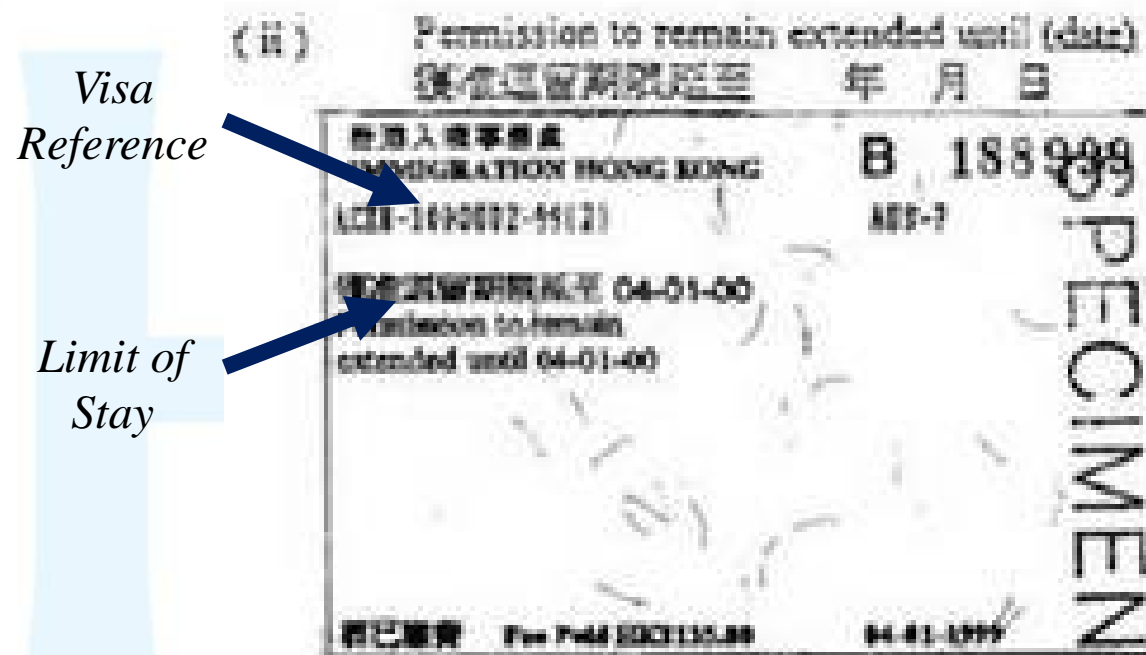
☐ Permit to Remain in HKSAR (ID 235B)

Please input information OR read Smart ID Card to search eHealth (Subsidies) Account [Help](#) [Tips on reading Smart](#)

HKIC Symbol ☐ A ☐ C ☐ R ☐ U ☐ Others

- Doctors have to input HKIC symbol to check the recipient's residential status in Hong Kong
- For symbol C or U using HKIC, if the recipient has exceeded the limit of stay, he/she is not eligible to receive vaccination

Identity Documents



Overseas Passport with Visa Label

New Smart Identity Card Reading Software

- The new Software can read both old and new forms of Smart ID Card
- No longer required to select the form of Smart ID in eHS(S) before card reading
- Follow the User Guide for step-by-step download and installation
- Please download and install the new Software before season commencement

New Smart Identity Card Reading Software

Please download and install the updated Smart Identity Card Reading Software here



疫苗接種記錄查詢

搜尋醫健通(資助)戶口

● 身份證明文件 ①

● 香港身份證

- ☐ 香港出生證明書(確定)
- ☐ 非香港旅遊證件

☐ 豁免登記證明書

- ☐ 香港特別行政區回港證
- ☐ 生死登記處發出被領養兒童的領養證明書

☐ 香港特別行政區簽證身份書

- ☐ 香港居留期許可證 (ID 235B)

請輸入資料或讀取智能身份證來搜尋醫健通(資助)戶口

幫助

讀取智能身份證提示

新的讀取智能身份證軟件可供下載

[立即更新](#)

手動輸入



香港身份證號碼

出生日期

搜尋

讀取舊式樣的智能身份證



(晶片向上)



讀證及搜尋

讀取新式樣的智能身份證



(晶片向上)



讀證及搜尋



Designated Hotline for Enrolled Doctors

Tel: 2125 2299



THANK YOU

