



File Ref. no.: _____

DEPARTMENT OF HEALTH
衛生署

Application for Copy of Childhood Immunisation Record
索取兒童免疫接種記錄副本

Please use this form if you apply for a copy of immunisation record with vaccines administered by Maternal and Child Health Centres (MCHCs), School Immunisation Teams (SIT) and Student Health Service (StdHS).

請使用此表格申請從母嬰健康院，學童免疫注射小組及學生健康服務接種疫苗的記錄副本。

Applicant has to be 18 years old or above. If the Data Subject is under 18 years old, the application must be made by his/her parent or legal guardian.

申請人必須年滿十八歲。若記錄持有人仍未滿十八歲，必須由其父、母或法定監護人提出申請。

Please provide the Data Subject's information to facilitate the retrieval of the Childhood Immunisation Record:

請提供兒童免疫接種記錄持有人資料，以便檢索有關記錄：

Name of Data Subject

記錄持有人姓名

English 英文

Chinese 中文

Date of Birth

出生日期

Hong Kong Birth Certificate no.

香港出生證明書編號

HKID Card/other travel document no.

香港身份證 / 其他旅遊證件號碼

Please fill in the following information if the data subject has changed his/her name when receiving services in the DH:

於衛生署接受服務期間，如記錄持有人曾更改姓名請填寫下列資料：

Change of name

更改姓名

English 英文

Chinese 中文

In year

改名年份

Received immunisation in the following services (please tick the appropriate box(es) and provide related information):

曾於以下服務單位接受疫苗接種（請於適用的方格內劃上「✓」號並提供相關資料）：

Family Health Service 家庭健康服務

Name of last attended MCHC

最後到診的母嬰健康院名稱 _____

MCHC Record no.

母嬰健康院記錄編號 _____

School Immunisation Teams 學童免疫注射小組

Primary 1 Name of School

小學一年級 學校全名 _____

Class

班別 _____

Year

年份 _____

District

區域 _____

to

年至 _____

年

Primary 5 Name of School

小學五年級 學校全名 _____

Class

班別 _____

Year

年份 _____

District

區域 _____

to

年至 _____

年

Primary 6 Name of School

小學六年級 學校全名 _____

Class

班別 _____

Year

年份 _____

District

區域 _____

to

年至 _____

年

Student Health Service 學生健康服務

Name of Centre

中心名稱 _____

Types of information requested 索取資料類別：

Copy of Immunisation Record

免疫接種記錄副本

Doctor Certified True Copy of Immunisation Record

由醫生認證的免疫接種記錄副本

Please read the following notes before signing the application form:

簽署申請表格前，請先閱讀下列注意事項：

1. The Department of Health only accepts “Application for copy of Childhood Immunisation Record” for data subjects under 25 years old.

本署只接受二十五歲以下記錄持有人的免疫接種記錄申請。

- For those data subjects aged 21 to under 25 years old, only the vaccination received in StdHS will be provided.

但凡記錄持有人年齡為二十一歲至二十五歲以下，只能提供其於學生健康服務接受疫苗接種的記錄副本。

- MCHCs only keep the Childhood Immunisation Record until the data subject reaches 21 years old.

母嬰健康院只保存兒童免疫接種記錄至持有人二十一歲。

- SIT does not retain the original or photocopy of Childhood Immunisation Record Card of individual data subject. We will only re-issue record of immunisation according to internal records, which include vaccination provided by SIT since school year 2004/05. These records will be kept until the data subject reaches the age of 21.

學童免疫注射小組並沒有保留已發給個別學童的免疫接種記錄（針卡）的正本或副本，我們只根據內部資料補發免疫接種記錄。本組存有 2004/05 學年或以後由本組為學童提供的免疫接種記錄，而這些記錄將會保存至持有人年滿二十一歲。

2. Applicant will be charged a fee according to the type of information requested.

- The cost of photocopy will be advised by staff
- The charge for doctor certified true copy of Childhood Immunisation Record is HK\$160
- Payment should be made by the following means in HK Dollar upon collection of the document:

申請人須按照索取資料類別繳交費用。

- 職員會通知你影印的收費
- 申請醫生認證的免疫接種記錄副本費用為港幣 \$160
- 請於領取文件時按以下方式繳交費用:

MCHC 母嬰健康院	Cash or Octopus 現金或八達通
StdHS Centres 學生健康服務中心	
SIT 學童免疫注射小組	Faster Payment System or Payment at Convenience Stores 轉數快或便利店繳付

3. Please produce the following documents (either original or photocopy) upon submission of the application form:

- **Birth certificate and HKID card* (if available) of the data subject**
- **HKID card* of the applicant**
- **Documentary evidence showing the relationship between the applicant and the data subject if the applicant’s name is not shown on the birth certificate**

- **Official document (e.g. Deed Poll) supporting the change if the personal data of the data subject has been changed**
- * **or valid travel document if HKID is not available**

提交申請表時，請一併提供以下文件（正本或副本）：

- 記錄持有人的出生證明書及香港身份證*（如有）
 - 申請人的香港身份證*
 - 若申請人的姓名沒有顯示於記錄持有人的出生證明書上，須提供有顯示申請人與記錄持有人關係的證明文件
 - 如記錄持有人的個人資料曾作更改，必須出示相關證明文件（如：改名契）
- * 如沒有香港身份證，請出示有效旅遊證件

4. You may be asked to provide additional information to help us process your application.
你或須提供更多資料，以協助我們處理你的申請。
5. The information you provide will be used for the processing of your application for access to personal data.
你所提供的資料，將用於處理有關申請索取個人資料的事宜上。
6. The completed application form and the relevant documents can be submitted in person or by post. Relevant addresses are listed on the following websites:
請填妥申請表格，連同有關文件，親身或以郵寄方式遞交。有關地址已列於以下網頁：

MCHC 母嬰健康院	English: http://s.fhs.gov.hk/d5fqn 中文: http://s.fhs.gov.hk/4oto8
SIT 學童免疫注射小組	English: https://www.chp.gov.hk/en/features/102121.html 中文: https://www.chp.gov.hk/tc/features/102121.html
StdHS Centres 學生健康服務中心	English: https://www.studenthealth.gov.hk/english/centre/centre.html 中文: https://www.studenthealth.gov.hk/tc_chi/centre/centre.html

7. Upon notification, the document can be collected by the applicant in person or by an authorised representative (the representative must produce an authorisation letter (DH 2798) and necessary identity proof). If the document is not collected within 3 months after the notification, the application will be closed and all submitted documents will be destroyed without further notice.
收到本署通知後，所申請的文件必須於三個月內由申請人親自或授權他人領取（代取人須出示授權書（DH 2798）及有關身份證文件），否則有關申請將會終止，所有提交的文件將被銷毀，不會另行通知。
8. Please make a copy of this application form for your personal keeping if necessary.
如有需要，請自行影印此申請表格，以作保管。

I have read and understood the above notes (please tick the box on the left).
本人已閱讀並明白以上注意事項（請於方格內劃上「✓」號）。

I declare that I have the custody of data subject _____ (if applicable)
本人聲明對記錄持有人_____擁有管養權。（如適用）

Particulars of Applicant 申請人資料：

Name of Applicant

申請人姓名

English 英文

Chinese 中文

HKID Card/other travel document no.

香港身份證 / 其他旅遊證件號碼

Relationship to Data Subject

與記錄持有人關係

Hong Kong Correspondence Address

香港通訊地址

Or 或

Email Address

電郵地址

Hong Kong Daytime Contact Number

香港日間聯絡電話號碼

Signature of Applicant

申請人簽署

Date

日期

To be completed by staff 職員填寫：

Date of application received:	Name & Signature:
Date of notification:	Name & Signature:
Date of *completion/withdrawal:	Name & Signature:

Acknowledgement of Receipt 收件確認：

Date of receipt

收件日期

Name & Signature of recipient

收件人姓名及簽署

Name & Signature of witness (staff)

見證人（職員）姓名及簽署