



Enhanced Vaccination Subsidy Scheme (VSS) Outreach Vaccination

A Quick Guide to Complete
"Consent to Use Vaccination Subsidy" Form
(For Schools)

Complete “Consent to Use Vaccination Subsidy” Form

- All parents/ guardians of students joining the Enhanced VSS Outreach Vaccination are required to complete a “Consent to Use Vaccination Subsidy” Form (Consent Form).
- Schools are suggested to liaise with the responsible doctor in preparing and distributing the Consent Forms.
- Doctors can request for the Consent Forms from the Vaccination Office, or download from Centre for Health Protection’s website (<https://www.chp.gov.hk/en/features/45851.html>).

FOR PERSONS AGED BELOW 65 YEARS

Consent to Use Vaccination Subsidy
Vaccination Subsidy Scheme
Department of Health

aHS(S) Transaction No. (For Doctor's Use)

Note: Please complete this form in BLOCK letters using black or blue pen. Use a new form each time you use the vaccination subsidy. Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form. Put a “✓” in the most appropriate box and * delete as appropriate.

I consent to use the Government subsidy for myself / my child / my ward * to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-

Name of Doctor		Date of Vaccination	
Place of Vaccination (Name of Venue)			
Types of Vaccination (Put a “✓” in the most appropriate box)			
Seasonal Influenza Vaccination <input type="checkbox"/> Quadrivalent <input type="checkbox"/> Trivalent	For ALL persons aged 9 or above; or children under the age of 9 but have received Seasonal Influenza Vaccination in previous seasons: <input type="checkbox"/> The only dose of Seasonal Influenza Vaccination this season For children under the age of 9 but have NEVER had Seasonal Influenza Vaccination in previous seasons (vaccine naïve children): <input type="checkbox"/> The first dose of Seasonal Influenza Vaccination this season <input type="checkbox"/> The second dose of Seasonal Influenza Vaccination this season		
Eligibility Statement (Put a “✓” in the most appropriate box and * delete as appropriate)			
I confirm that I am / My child is / My ward * is a Hong Kong resident and that:			
<input type="checkbox"/> I am pregnant:			
Confirmation of pregnancy by attending enrolled doctor:			
Attending Enrolled Doctor's Signature			
<input type="checkbox"/> I am between the age of 50 and less than 65 (for elderly aged 65 or above, please use another form)			
<input type="checkbox"/> My child / ward* is between the age of 6 months and less than 12 years OR my child is 12 years or above but attending a primary school in Hong Kong (please provide a copy of the student handbook/ student card)			
<input type="checkbox"/> My child / ward* is a person with intellectual disability holding:			
<input type="checkbox"/> the Registration Card for People with Disability specifying “Intellectual Disability”			
<input type="checkbox"/> a medical certificate issued by a Registered Medical Practitioner that my child / ward is entitled to subsidized vaccination			
<input type="checkbox"/> a certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that my child / ward is a service user of the institution			
<i>(Please provide a copy of the aforesaid document)</i>			
<input type="checkbox"/> I am / My child is / My ward is* a recipient of the Social Welfare Department's Disability Allowance			
<i>(Please provide a copy of the disability allowance approval letter)</i>			

DH_VSS (07/18)

Complete “Consent to Use Vaccination Subsidy” Form

FOR PERSONS AGED BELOW 65 YEARS

**Consent to Use Vaccination Subsidy
Vaccination Subsidy Scheme
Department of Health**

eHS(S) Transaction No. (For Doctor's Use)

TG18A01-100000-1

Transaction number is to be completed by doctor.

Note: Please complete this form in BLOCK letters using black or blue pen. **Use a new form each time you use the vaccination subsidy.**
Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.
Put a “✓” in the most appropriate box and * delete as appropriate.

I consent to use the Government subsidy for myself / my child / my ward * to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-

Name of Doctor	Dr CHAN, Tai Man	Date of Vaccination	2018-10-10
Place of Vaccination (Name of Venue)	ABC Primary School		
Types of Vaccination (Put a “✓” in the most appropriate box)			
Seasonal Influenza Vaccination	<p>For ALL persons aged 9 or above; or children under the age of 9 but have received Seasonal Influenza Vaccination in previous seasons:</p> <p><input type="checkbox"/> The only dose of Seasonal Influenza Vaccination this season</p> <p>For children under the age of 9 but have NEVER had Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):</p> <p><input checked="" type="checkbox"/> The first dose of Seasonal Influenza Vaccination this season</p> <p><input type="checkbox"/> The second dose of Seasonal Influenza Vaccination this season</p>		
<input checked="" type="checkbox"/> Quadrivalent <input type="checkbox"/> Trivalent			

Please fill in:

- Name of enrolled doctor
- Date of vaccination
- Name of school
- Correct type and dosage of vaccine

Student receiving 2 doses of vaccine should complete 2 Consent Forms.

Complete “Consent to Use Vaccination Subsidy” Form

Eligibility Statement (Put a “✓” in the most appropriate box **and** * delete as appropriate)

I confirm that I am / My child is / My ward * is a Hong Kong resident and that:

I am pregnant:

Confirmation of pregnancy by attending enrolled doctor:

Attending Enrolled Doctor’s Signature

I am between the age of 50 and less than 65 (*for elderly aged 65 or above, please use another form*)

My child / ward* is between the age of 6 months and less than 12 years **OR** my child is 12 years or above but attending a primary school in Hong Kong (*please provide a copy of the student handbook/ student card*)

My child / ward* is a person with intellectual disability holding:

- the Registration Card for People with Disability specifying “Intellectual Disability”
- a medical certificate issued by a Registered Medical Practitioner that my child / ward is entitled to subsidized vaccination
- a certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that my child / ward is a service user of the institution

(Please provide a copy of the aforesaid document)

I am / My child is / My ward is* a recipient of the Social Welfare Department’s Disability Allowance
(Please provide a copy of the disability allowance approval letter)

Please select the appropriate statement and note the requirement

Complete “Consent to Use Vaccination Subsidy” Form

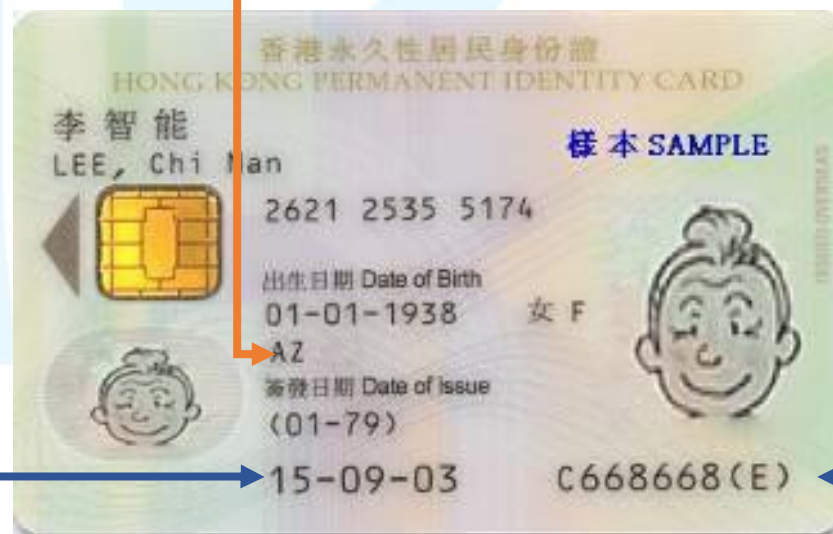
The Personal Details of Recipient (as indicated on identity document)	
Name: <u>LEE</u> , <u>SIU MING AMY</u> (English) (surname) (given name)	<u>李小明</u> (Chinese) (sumame) (given name)
Date of Birth: <u>28 / 02 / 2016</u> (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Identity Document (Put a “√” in the box and fill in the document number as appropriate) Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.	
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	<input type="text"/> ()
<input checked="" type="checkbox"/> Hong Kong Identity Card No.: Date of Issue: <u>31 / 03 / 16</u> (dd/mm/yy)	<u>S</u> <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> (<u>7</u>) HKIC Symbol: <input checked="" type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Re-entry Permit No.:	<input type="text"/> ()
<input type="checkbox"/> Document of Identity issued by HKSAR - Document No.:	<input type="text"/> ()
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.:	<input type="text"/> ()
<input type="checkbox"/> Non-Hong Kong Travel Documents No.:	<input type="text"/> ()
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	<input type="text"/> ()
<input type="checkbox"/> Serial No. of the Certificate of Exemption:	<input type="text"/> ()
Reference No.:	<input type="text"/>
HKID No. shown on the Certificate:	<input type="text"/> ()
Date of Issue: ____/____/____ (dd/mm/yyyy)	

Recipients aged below 12 years can use any of the identity document types as shown on the Consent Form. Recipients aged 12 years or above can only use Hong Kong Identity Card or Certificate of Exemption.

All particulars should be consistent with those indicated on the identity document

Complete "Consent to Use Vaccination Subsidy" Form

<input checked="" type="checkbox"/> Hong Kong Identity Card No.:	C 6 6 8 6 6 8 (E)
Date of Issue: <u>15</u> / <u>09</u> / <u>03</u> (dd/mm/yy)	HKIC Symbol: <input checked="" type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> U



HKIC Symbol refers to the first alphabet under Date of Birth

Complete "Consent to Use Vaccination Subsidy" Form

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data.

Signature of recipient (or finger print if illiterate#): _____

Contact Telephone No.: _____

Date: _____

Complete the following only if recipient is aged below 18 / mentally incapacitated

Signature of Parent / Guardian: LEEHO

Name of Parent / Guardian (in English): LEE HO

Relationship: Father Mother Guardian

Contact Telephone No.: 9123 4567

Date: 2018-10-10

Also complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence.

Signature of Witness: _____

Name of Witness (in English): _____

Hong Kong Identity Card No.: _____ (X) (X) (X) (X)
(only the alphabet and the first three digits are required)

Date: _____

As the student is below 18 years old, the parent/ guardian should complete this part and sign.
Students are not required to sign.

Contact Us

Vaccination Office

Hotline : 2125 2125

Fax : 2713 9576

Email : vacs@dh.gov.hk

Address : 2/F, Centre for Health Protection, 147C Argyle Street, Kowloon

Website : <https://www.chp.gov.hk/en/features/17980.html>
