SAMPLE

Seasonal Influenza Vaccination School Outreach Programme – Consent Form
INJECTABLE VACCINE OR NASAL SPRAY VACCINE

Part I【Vaccine Recipient's Basic Information】

VACCINE RECIPIENT'S BASIC INFORMATION

Student's Full Name (as indicated in identity document) Surname C H A N

First Name A M Y

Gender: ☐ Male ☑ Female

School which student attends ("School"): ABC Secondary School

Class: 6C **Class No.:** 1

Part II【Consent to Receive Vaccination】(Please Complete Both Parts II and IV. For Refusal, Please Complete Part III)

1. VACCINE RECIPIENT INFORMATION

Date of Birth: 30 DD/ 12 MM/ 2007 YYYY

Hong Kong Birth Certificate (HKBC) number : ( ) **OR**

Hong Kong Identity Card No.: A 777777 (7)

If vaccine recipient does not have HKBC/HKID, please fill in information below:

Other Identity Document, please specify:

Document Type: _____ Document No.: _____

Issue Country: _____ AND **attach a copy of the document to this consent form**

2. VACCINATION RECORD

Has the vaccine recipient received seasonal influenza vaccination in the past?

☑ Yes ☐ No

If the vaccine recipient has already received the 2026/27 seasonal influenza vaccine since August 2026, please consult family doctor whether it is still required to receive vaccine.

3. CONSENT

☑ I have read and understood the information in the Annex, including information on injectable and nasal spray seasonal influenza vaccine ("Seasonal Influenza Vaccines"), their contraindications, the Undertakings and Declarations and the Statement of Purposes of Collection of Personal Data. I **AGREE** for myself/my child/ ward (named above) to receive the seasonal influenza vaccination (1st AND 2nd doses^) as arranged by the Government in year 2026/ 27 and declare that I/ my child/ ward (named above) does NOT have ANY of the contraindications of the chosen type of vaccine as stated in Annex. I also agree for the School to release the related information to the vaccination team arranged by the Department of Health (DH) for verification when necessary. *[^DH will arrange 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.]*

Choice of vaccine (choose one only) : ☑ **Injectable Vaccine (IIV)** ☐ **Nasal Spray Vaccine (LAIV)**

Name of ~~Parents/ Guardian /~~Vaccine Recipient Aged 18 or Above*: CHAN Amy	**Relationship with Vaccine Recipient: (If Applicable)** ☐ Father ☐ Mother ☐ Guardian
Signature of ~~Parents/ Guardian/~~ Vaccine Recipient Aged 18 or Above*: (or finger print if illiterate #) AMY	**Contact Telephone No.:** 9988 7766
	Date of Signature: 3/8/2026

 # Witness shall complete the following if the parents/ guardian /vaccine recipient aged 18 or above has mental capacity but is illiterate:

This document has been read and explained to the parents/ guardian /vaccine recipient aged 18 or above* in my presence.

Signature of Witness: _____ **Name of Witness:** _____

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

Contact Telephone No.: _____ **Date of Signature:** _____

Please note:

(i) If you/ your child/ ward (applicable to consented students) has/have received the 2026/ 27 SIV before this outreach activity, please inform the school immediately.

(ii) If you/ your child/ ward miss/misses the vaccination at school, **no mop-up** dose will be provided at the School. Please visit any private doctor enrolled in the specified programme "Vaccination Subsidy Scheme" for subsidised vaccination.

(iii) If vaccine recipient is an individual with bleeding disorders or on anticoagulants, or currently pregnant or lactating, please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised vaccine.

(iv) In case of fever or suffering from acute disease, serious chronic diseases, acute exacerbations of chronic disease on the day of vaccination, vaccination should be deferred till recovery or stabilization of the condition.

SAMPLE

Part III【Refusal to Receive Vaccination】(For Consent, Please Complete Part II and IV)

☐ **REFUSE**

I have read and understood the information in Annex, including information on seasonal influenza vaccines, their contraindications, the Undertakings and Declarations and the Statement of Purposes of Collection of Personal Data, and **DISAGREE** for myself/my child/ ward (named above) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2026/ 27.

Name of Parents/ Guardian / Vaccine Recipient Aged 18 or above*:	**Relationship with Vaccine Recipient: (If Applicable)** ☐ **Father** ☐ **Mother** ☐ **Guardian**
Signature of Parents/ Guardian / Vaccine Recipient Aged 18 or above*:(or finger print if illiterate #)	**Contact Telephone No.:**
	Date of Signature:

Part IV 【Consent to Register with eHealth】(For Non-eHealth Users Only)

(a) eHealth Registration

eHealth registration is a prerequisite for all vaccine recipients aged 18 years or above. Vaccine recipients who are aged below 18 years may opt out for registering with eHealth (please refer to Part IV(b) of this consent form).

(1) To be filled by vaccine recipient aged 16 or above

☑ I **AGREE** to register with eHealth and have read and understood the eHealth "Participant Information Notice" and "Personal Information Collection Statement".

Signature of Vaccine Recipient: AMY	**Date of Signature:** 3/8/2026	**Mobile Number (Receive System Notifications by SMS):** 9988 7766

(2) To be filled by Substitute Decision Maker of vaccine recipient aged under 16, or aged 16 or above who is incapable of giving consent (e.g. parent or guardian)

☐ I, being a Substitute Decision Maker, **AGREE** to register with eHealth for and on behalf of the vaccine recipient and have read and understood the eHealth "Participant Information Notice" and "Personal Information Collection Statement".

Relationship with vaccine recipient:

☐ Vaccine recipient **aged under 16**
Parents/ family member/ person residing with the vaccine recipient/ guardian appointed under the Guardianship of Minors Ordinance (Cap. 13)/ person appointed by court *

☐ Vaccine recipient **aged 16 or above who is incapable of giving consent**
Family Member/ person residing with the vaccine recipient/ guardian appointed under the Mental Health Ordinance (Cap. 136)/ Director of Social Welfare appointed under the Mental Health Ordinance/ person appointed by court *

Information of the Substitute Decision Maker

Surname in English:	**Hong Kong Identity Card No.:**
First Name in English:	**For non HK Identity Card holder, please fill in information of other identity document.** **Document No.:** _____ **Document Type:**_____
Mobile Number (Receive System Notifications by SMS):	
Signature:	**Date of Signature:**

(b) Opt Out of eHealth Registration (Only applicable to vaccine recipient below 18)

☐ I, being the vaccine recipient/ Substitute Decision Maker on behalf of the vaccine recipient*, **DO NOT AGREE** to register with eHealth.

Part V To Be Filled In By The Vaccination Staff

First Dose Vaccination Day	**Second Dose** Vaccination Day *(Only applicable to students under 9 years old who have never received any seasonal influenza vaccination before)*
☐ Seasonal influenza vaccination (SIV) was provided to the student	☐ Seasonal influenza vaccination (SIV) was provided to the student
☐ SIV was **NOT** provided to the student as the student: ☐ was absent from school ☐ refused vaccination ☐ refused vaccination ☐ had discomfort ☐others (please specify: _____)	☐ SIV was **NOT** provided to the student as the student: ☐ was absent from school ☐ refused vaccination ☐ refused vaccination ☐ had discomfort ☐others (please specify: _____)

Name and Signature of Vaccination Staff:		**Name and Signature of Vaccination Staff:**	
Name of Private Doctor:	**Dr.**	**Name of Private Doctor:**	**Dr.**
Date of Activity:		**Date of Activity:**	