

# Seasonal Influenza Vaccination School Outreach Programme – Consent Form

## INJECTABLE VACCINE OR NASAL SPRAY VACCINE

### POINTS TO NOTE:

- Please read the information in Annex carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put “✓” into the appropriate box(es) and \* delete as appropriate.
- Part I (VACCINE RECIPIENT INFORMATION) and Part II (CONSENT/ REFUSAL – INJECTABLE VACCINE OR NASAL SPRAY VACCINE) shall be completed and signed by a parent or guardian of the vaccine recipient if the vaccine recipient is aged below 18 or aged 18 or above but incapable of giving consent. Please read the information at <https://www.chp.gov.hk/en/features/17980.html> and on Seasonal Influenza Vaccination (“SIV”) in the Annex before you sign this form.
- Part III (CONSENT TO REGISTER eHEALTH) shall be completed and signed by Substitute Decision Maker (SDM) if the vaccine recipient is aged below 16 or aged 16 or above but incapable of giving consent. Please read the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully.
- If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
- Interpretation:**
  - “Government” means the Government of the Hong Kong Special Administrative Region of the People’s Republic of China.
  - “Private Doctor” means in respect of Seasonal Influenza Vaccination School Outreach Programme, the Registered Medical Practitioner whose application to enrol in the programme has been accepted by the Government.
  - “Registered Medical Practitioner” has the meaning given to it in Medical Registration Ordinance (Cap. 161).
  - “Substitute Decision Maker” has the meaning given to it in Electronic Health Record Sharing System Ordinance (Cap. 625).
  - “Vaccination” means in relation to a Vaccine in Part II below, the administration of such Vaccine to a vaccine recipient during the Vaccination Period.

### Part I [Vaccine Recipient Information]

#### 1. VACCINE RECIPIENT INFORMATION

Student’s Full Name (as indicated in identity document) Surname **CHAN**

First Name **ON ON**

Date of Birth: **1/2** DD/ **1/0** MM/ **2/0/0/6** YYYY

Gender: ☐ Male ☒ Female

Hong Kong Birth Certificate (HKBC) number : **1Z 885432** ( **1** ) *If you possess a Hong Kong Identity Card (HKIC), you may provide either your HKBC Number or your HKIC Number.*

If your child does not have HKBC, please fill in information based on (i) or (ii) below:

(i) Hong Kong Identity Card No.: **1A 765432** ( **1** ) (ii) Other Identity Document, please specify:

AND Date of Issue: **1/2** DD/ **1/0** MM/ **1/7** YY

Document Type: \_\_\_\_\_

Document No.: \_\_\_\_\_

**AND attach a copy** of the document to this consent form

School which student attends (“School”): **Heung Shing Secondary School** Class: **F6** Class No.: **5**

#### 2. VACCINATION RECORD

Have you/ has your child/ ward as the vaccine recipient received seasonal influenza vaccination in the past?

☒ Yes (Last administration date): **1/0** MM/ **2/0/24** YYYY ☐ No

### Part II [Consent/ Refusal – Injectable Vaccine Or Nasal Spray Vaccine]

#### ☒ CONSENT

I have read and understood the information in the Annex, including information on injectable seasonal influenza vaccine or 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 (1<sup>st</sup> AND 2<sup>nd</sup> doses) as arranged by the Government in year 2025/ 26 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 2<sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1<sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.*]

Type of Vaccine (choose one only) : ☒ **Injectable Vaccine (IIV)**  ☐ **Nasal Spray Vaccine (LAIV)** 

#### ☐ 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 2025/ 26.

Name of Vaccine Recipient / ~~Parents/ Guardian~~ \*:

**CHAN On On**

Relationship with Vaccine Recipient: (If applicable)

☐ Father ☐ Mother ☐ Guardian

Identity Document of Parents/ Guardian:

☐ Hong Kong Identity Card No.: \_\_\_\_\_ ( **1X** )

☐ Other Identity Document, please specify:

Document Type: \_\_\_\_\_

Document No.: \_\_\_\_\_

Contact Telephone No. (with prefix 4/5/6/7/8/9): \_\_\_\_\_

Signature of Vaccine Recipient / ~~Parents/ Guardian~~ \*:  
(or finger print if illiterate#)

Date of Signature: **07/09/2025** **ANNA**

**# Witness should complete the following if the vaccine recipient has mental capacity but is illiterate:**

This document has been read and explained to the vaccine recipient 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)
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**Contact Telephone No.:**

**Date of Signature:**

Please note:

(i) If you/ your child/ ward (applicable to consented students) has/have received the 2025/ 26 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 school. Please visit any private doctor enrolled in the specified programme namely “Vaccination Subsidy Scheme” for subsidised vaccination.

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

(iv) Pregnant individuals should not receive live attenuated influenza vaccine (LAIV). Please consult your family doctor for advice and visit any private doctor enrolled in the “Vaccination Subsidy Scheme” to receive subsidised inactivated influenza vaccines (IIV).

### Part III 【Consent to Register eHealth】

☐ Vaccine recipient has already registered eHealth.

☒ Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part III (a) or (b) or (c) according to the vaccine recipient's age)

**The following part is applicable to a person who has not registered with eHealth, or is unsure of his or her eHealth registration status**

**(a) Vaccine recipient aged 18 or above**

**eHealth registration is a prerequisite for all vaccine recipients aged 18 or above**

**To be completed and signed by vaccine recipient aged 18 or above**

☒ I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and I **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.

**Signature of Vaccine Recipient:**

ANNA

**Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9):**

**9786 5432**

**Date of Signature:**

07/09/2025

**(b) Vaccine recipient between the age of 16 and less than 18 years**

**To be completed and signed by vaccine recipient between the age of 16 and less than 18 years**

☐ I agree

I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and I **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.

☐ I disagree

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

**Signature of Vaccine Recipient:**

**Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9):**

**Date of Signature:**

**(c) Vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent**

**To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian)**

(Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)

☐ I agree

I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and on behalf of the healthcare recipient (HCR) **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share the HCR’s eHealth records for healthcare purposes.

<input type="checkbox"/> <b>I disagree</b> I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and on behalf of the healthcare recipient (HCR) <b>DISAGREE</b> to register with eHealth.		
Substitute Decision Maker 's Surname in English:	Substitute Decision Maker 's First Name in English:	Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9):
Substitute Decision Maker 's HK Identity Card No.:	For non HK Identity Card holder, please fill in information of other identity document	
	Document Type:	Document No.:
<b>Relationship with vaccine recipient:</b> <input type="checkbox"/> Vaccine recipient aged <b>under 16</b> Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court *  <input type="checkbox"/> Vaccine recipient aged <b>16 or above but incapable of giving consent</b> Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court *		
Signature of Substitute Decision Maker:		Date of Signature:

Part IV To Be Filled In By The Vaccination Staff			
<b>First Dose</b> Vaccination Day		<b>Second Dose</b> Vaccination Day <i>(Only applicable to students under nine years old who have never received any seasonal influenza vaccination before)</i>	
<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student		<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student	
<input type="checkbox"/> SIV was <b>NOT</b> provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)		<input type="checkbox"/> SIV was <b>NOT</b> provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)	
Signature of Vaccination Staff:		Signature of Vaccination Staff:	
Name of Private Doctor:	Dr.	Name of Private Doctor:	Dr.
Date of Activity:		Date of Activity:	

Part V 【Undertakings and Declarations】	
1.	I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision.
2.	I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the “Statement of Purposes of Collection of Personal Data”. I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy.
3.	For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/my ward's personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the “Statement of Purposes of Collection of Personal Data”.
4.	This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region.
5.	I have read this consent form carefully and fully understood my obligations and liability under this consent form.

## **Part VI 【Statement of Purposes of Collection of Personal Data】**

### **Purposes of Collection of Personal Data**

1. The personal data provided will be used by the Government for one or more of the following purposes:
  - (a) eHealth or eHealth System (Subsidies) (as the case may be) registration, payment of subsidy, and the administration, monitoring, auditing and evaluation of the Seasonal Influenza Vaccination School Outreach Programme, including but not limited to a verification procedure by electronic means with the data kept by the Government, processing of subsidy payment, providing necessary health care services to vaccine recipients and investigation of incidents and complaints;
  - (b) enhancing or facilitating the implementation of Government programmes which promote primary care, including but not limited to direct contact by the Government or its agents for engagement of healthcare activities and education;
  - (c) statistical, scheme monitoring, evaluation and research purposes;
  - (d) receiving vaccination information provided by the Government; and
  - (e) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The Government may disclose personal data and records of you / your child / your ward to other Government bureaux / departments concerned, or obtain such personal data or records from Government bureau / departments concerned, for the purpose of verifying your eligibility under the Seasonal Influenza Vaccination School Outreach Programme.
4. The provision of personal data is voluntary. However, if you do not provide sufficient information, you/ your child/ your ward may not be able to receive the subsidised vaccination.

### **Classes of Transferees**

5. The personal data will be transferred to and used by the authorised user(s) or professional parties in the health field which are directly involved in the Vaccination Subsidy Scheme including but not limited to:
  - (a) Private Doctors and individuals authorised by the Private Doctors, as a clinic administrator, to access and use the IT platform;
  - (b) Primary Healthcare Commission (“PHCC”) and the operators appointed by PHCC;
  - (c) the Medical Council of Hong Kong, Dental Council of Hong Kong, Nursing Council of Hong Kong, Midwives Council of Hong Kong, Supplementary Medical Professional Council and five Boards set up under the Council (i.e. Medical Laboratory Technologists Board, Occupational Therapists Board, Physiotherapists Board, Radiographers Board and Optometrists Board), Chiropractors Council, Council on Human Reproductive Technology, Human Organ Transplant Board, Pharmacy and Poisons Board and Radiation Board and its agents;
  - (d) the Hospital Authority and its agents; and
  - (e) the Government’s agents;

for the purpose set out in Clause 1 above.

### **Access to Personal Data**

6. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). A reasonable fee may be charged by the Government for processing any data access and/or correction request.

### **Enquiries**

7. Enquiries concerning the personal data provided, including making data access and correction, request, should be addressed to: Programme Management and Vaccination Division, Centre for Health Protection, 3/F, Two Harbourfront, Hung Hom, Kowloon (Telephone No.: 2125 2125)



## **Seasonal Influenza Vaccination - Annex**

### **【Information About INJECTABLE VACCINE OR NASAL SPRAY VACCINE】**

**Please read the information carefully. If you have any concerns about the suitability of yourself, your child or your ward for the vaccination, please consult your family doctor.**

#### **1. What is influenza?**

- Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
- However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
- Serious infection or complications can also occur in healthy individuals.

#### **2. Which type of influenza vaccines are recommended to be use in children?**

- The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health recommended inactivated influenza vaccines and live attenuated influenza vaccine (i.e. nasal vaccine) for use in children. Both quadrivalent and trivalent seasonal influenza vaccines could be used in the 2025-26 season.

#### **3. Why children aged 6 months to 18 years are recommended as a priority group to receive seasonal influenza vaccination?**

- Seasonal influenza vaccination is recommended for children six months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.
- Local data have shown that seasonal influenza vaccination could effectively reduce the risk of severe influenza infection among children below 18 years of age.
- Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.
- Taking reference from overseas practice and local experience, seasonal influenza vaccination continues to be recommended to secondary school students or adolescents 12 to under 18 years of age for the 2025-26 season.

#### **4. How many doses of seasonal influenza vaccine (SIV) will my child need?**

- One dose per year, except those under nine years of age who have never received any seasonal influenza vaccination before are recommended to receive two doses of SIV with a minimum interval of four weeks.

### **Information About Inactivated Seasonal Influenza Vaccines (BY INJECTION)**



#### **5. What is Inactivated Influenza Vaccine (IIV)?**

- The IIV contains inactivated (killed) viruses. IIV is given by injection.

#### **6. Who should not receive inactivated influenza vaccine (IIV)?**

- People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine
- Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting; individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details
- Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice
- In case of fever on the day of vaccination, vaccination should be deferred till recovery

#### **7. What are the possible side effects following inactivated influenza vaccine (IIV) administration?**

- IIV is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning six to 12 hours after vaccination and lasting up to two days. If fever or discomforts persist, please consult a doctor.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

## **Information About Live Attenuated Seasonal Influenza Vaccines (BY NASAL SPRAY)**



### **8. What is Live Attenuated Influenza Vaccine (LAIV)?**

- The LAIV contains weakened viruses and is given by intranasal spray. LAIV can be used for people two-49 years of age.

### **9. Who should not receive live attenuated influenza vaccine (LAIV)?**

- History of severe allergic reaction to any vaccine component, or after previous dose of any influenza vaccine
  - Concomitant aspirin or salicylate-containing therapy in children and adolescents
  - Children aged two through four years who have asthma or who have had a history of wheezing in the past 12 months
  - Children and adults who are immunocompromised due to any cause
  - Close contacts and caregivers of severely immunosuppressed persons who require a protected environment
  - Pregnancy
  - Receipt of influenza antiviral medication within previous 48 hours
  - Individuals with mild egg allergy who are considering an influenza vaccination can be given LAIV in primary care setting. Individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination.
- \*For individuals receiving LAIV, other live vaccines not administered on the same day should be administered at least four weeks apart.
- \* If you have any concerns about the suitability of yourself/ your child/ your ward for the vaccination, please consult your family doctor.

### **10. What are the possible side effects following live attenuated influenza vaccine (LAIV) administration?**

- Overseas studies had indicated LAIV to be safe and effective
- The most common adverse reactions following LAIV administration are nasal congestion or runny nose (in all ages), fever (in children) and sore throat (in adults).
- Children aged below five years with recurrent wheezing/ persons of any age with asthma may be at increased risk of wheezing following administration.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

For more detailed information, please visit website of

Centre for Health Protection of DH: <https://www.chp.gov.hk/en/features/100764.html>



## **Electronic Health Record Sharing System (eHealth) - Annex**

The Electronic Health Record Sharing System (eHealth) is a territory-wide, patient-oriented electronic sharing platform which enables authorised healthcare providing organisations in the public and private sectors to access and share participating patients' electronic health records (eHR) for healthcare purposes. After joining eHealth, the Hospital Authority (HA), the Department of Health (DH) and individual private healthcare providers authorised by you can access your eHR on a need-to-know basis in the course of providing healthcare to enable more timely diagnosis and treatment, and reduce duplicate diagnostic tests. Joining eHealth is voluntary and free of charge. You can withdraw from eHealth or revoke any sharing consent given to a healthcare provider (other than HA and DH) anytime. **Citizens who registered with eHealth can check their vaccination record via the eHealth App.**

Please scan the QR code below to read and understand "Participant Information Notice" and "Personal Information Collection Statement".

### **Participant Information Notice**



### **Personal Information Collection Statement**



For enquiries about registration or other issues about eHealth, please contact Electronic Health Record Registration Office at 3467 6300. For more information about eHealth, please visit the website at [www.ehealth.gov.hk](http://www.ehealth.gov.hk).