

Vaccination Subsidy Scheme - Consent Form

疫苗資助計劃 - 同意書

Points to Note 填寫注意事項

- Please complete in BLOCK LETTERS using black or blue ball pen and put “✓” into the appropriate box(es) and * delete as appropriate.
請用黑色或藍色原子筆以正楷填寫，並在適當的 ☐ 內加上「✓」號及 * 刪除不適用選項。
- Vaccine recipient who is aged 18 or above with mental capacity may give consent by inserting his/her Hong Kong Identity Card to the Smart ID Card Reader provided by the Government to the Private Doctor's Clinic to read the card face data to replace the signing of the paper consent form (that is, eConsent).
疫苗接種者為年滿 18 歲及精神上有行為能力的人士，可以透過將其香港身份證插入政府提供予醫生診所的讀卡器，讀取卡面資料，以代替簽署紙本同意書給予同意(即電子同意書)。
- Part II (VACCINE RECIPIENT INFORMATION) and Part III (CONSENT) 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> before you sign this form.
如疫苗接種者未滿 18 歲或為年滿 18 歲但無能力自行給予同意的人士，第二部分（疫苗接種者資料）及第三部分（同意書）須由父母或監護人填寫及簽署。在簽署本同意書前，請先在網頁 <https://www.chp.gov.hk/tc/features/17980.html> 閱讀有關資料。
- Part IV (CONSENT TO REGISTER eHealth) shall be completed and signed by Substitute Decision Maker 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.
如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士，第四部分（登記醫健通同意書）須由代決人填寫及簽署。請仔細閱讀醫健通資料，包括參與者須知及收集個人資料聲明。
- If two vaccines are given in the same visit, only one consent form is required. Otherwise, two separate consent forms must be filled out.
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。
- If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
- Interpretation 註釋：
 - “Government” means the Government of the Hong Kong Special Administrative Region of the People's Republic of China.
「政府」指中華人民共和國香港特別行政區政府。
 - “Private Doctor” means in respect of Vaccination Subsidy Scheme, the Registered Medical Practitioner whose application to enrol in the Scheme has been accepted by the Government.
「私家醫生」指就疫苗資助計劃，其申請參加該計劃並獲政府接受的註冊醫生。
 - “Registered Medical Practitioner” has the meaning given to it in Medical Registration Ordinance (Cap. 161).
「註冊醫生」的意思與《醫生註冊條例》(香港法例第 161 章) 中賦予它的意思相同。
 - “Substitute Decision Maker” has the meaning given to it in Electronic Health System Ordinance (Cap. 625).
「代決人」的意思與《電子健康系統條例》(香港法例第 625 章) 中賦予它的意義相同。
 - “Vaccination” means in relation to a Vaccine in Part I below, the administration of such Vaccine to a vaccine recipient during the Vaccination Period.
「疫苗接種」指就以下第一部分的疫苗，在疫苗接種期間向疫苗接種者接種該疫苗。
 - “Vaccination Subsidy Scheme” means a scheme that provides subsidised seasonal influenza vaccination and pneumococcal vaccination to eligible Hong Kong residents through the participation of Private Doctors.
「疫苗資助計劃」指一項透過私家醫生參與為合資格香港居民提供資助接種季節性流感和肺炎球菌疫苗的計劃。

Undertakings and Declarations 承諾及聲明

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 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 Purpose 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.
1. 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。本人特此聲明，本人向政府提供的資訊在提供時在各方面都是最新的、真實的、準確的和完整的。
 2. 本人同意把此同意書中本人／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。本人備悉政府或會與我聯絡，以核實有關資料及本人／本人子女／受監護者使用政府資助以接種疫苗事宜。
 3. 適用於香港特別行政區智能身份證持有者：本人同意授權醫生讀取儲存在本人／本人子女／受監護者香港特別行政區智能身份證晶片內的個人資料（只限香港身份證號碼，中英文姓名，出生日期和香港身份證簽發日期），以供政府於「收集個人資料目的」所述的用途。
 4. 此同意書受香港特別行政區法律管限，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。
 5. 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。

Statement of Purposes of Collection of Personal Data 收集個人資料目的聲明

Purposes of Collection

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 Vaccination Subsidy Scheme, 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 bureaux / departments concerned, for the purpose of verifying your eligibility under the Vaccination Subsidy Scheme.
4. The provision of personal data is voluntary. However, if you do not provide sufficient information, you 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:
Executive Officer (Vaccination Subsidy Scheme) / Telephone No.: 2125 2125
Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon

收集個人資料目的

1. 所提供的個人資料，會供政府作下列一項或多項用途：
 - (a) 登記醫健通或醫健通(資助)系統(視情況而定)戶口，資助付款，以及執行、監察、審計和評估疫苗資助計劃，包括但不限於透過電子方式與政府保存的資料進行核實程序、處理資助支付、向疫苗接種者提供必要的醫療服務，以及調查事件和投訴；
 - (b) 加強或促進實施政府計劃以推廣基層醫療，包括但不限於由政府或其代理人直接接觸以參與醫護活動及教育；
 - (c) 作統計、監察計劃、評估和研究用途；
 - (d) 接收由政府提供的疫苗接種資訊；以及
 - (e) 作法例規定、授權或准許的任何其他合法用途。
2. 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。
3. 政府可向其他政府決策局／部門透露／索取你／你的子女／受監護者的個人資料及記錄，以核實你為衛生署疫苗資助計劃下的合資格人士。
4. 提供個人資料乃屬自願性質。然而，如果你不提供充分的資料，可能無法獲得受資助疫苗接種。

可獲轉交資料的機構／人士類別

5. 為施行上文第 1 條所述目的，有關的個人資料將轉交並供直接參與計劃的衛生範疇獲授權或專業人士使用，包括但不限於：
 - (a) 私家醫生及其授權人士以診所管理員身份以登入和使用資訊科技平台；
 - (b) 基層醫療署及其委任的營運者；
 - (c) 香港醫務委員會、香港牙醫管理委員會、香港護士管理局、香港助產士管理局、輔助醫療業管理局及轄下 5 個委員會（即醫務化驗師管理委員會、職業治療師管理委員會、物理治療師管理委員會、放射技師管理委員會及視光師管理委員會）、脊醫管理局、人類生殖科技管理局、人體器官移植委員會、藥劑業及毒藥管理局及輻射管理局及其代理人；
 - (d) 醫院管理局及其代理人；以及
 - (e) 政府的代理人。

查閱個人資料

6. 根據《個人資料(私隱)條例》(香港法例第 486 章)第 18 及 22 條，以及附表 1 第 6 保障資料原則，你有權要求查閱及更正你的個人資料，而政府有權就處理任何查閱及／或更正資料的要求收取合理費用。

查詢

7. 有關查詢所提供的個人資料，包括進行查閱及更正，應向下列人員提出：
行政主任(疫苗資助計劃)／電話號碼：2125 2125
地址：九龍紅磡德豐街 18-22 號海濱廣場二座 3 樓

Electronic Health System (eHealth)

【電子健康系統(醫健通)】

The Electronic Health 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.

電子健康系統（醫健通）是全港性、以病人為本的電子互通平台，讓獲授權的公私营醫護機構取覽和互通參與病人的電子健康紀錄作醫護用途。登記加入醫健通後，醫院管理局（醫管局）、衛生署及個別獲你授權的私营醫護機構可於提供醫護服務時按「有需要知道」的原則取覽你的電子健康紀錄，以能為你提供更適時的診斷及治療，並減省重複檢驗。參與醫健通屬自願性質，費用全免，你可隨時退出醫健通或撤銷給予任何醫護機構（醫管局和衛生署除外）的授權。登記醫健通後市民可使用醫健通流動應用程式查閱疫苗接種紀錄。

請掃描二維碼以參閱及明白參與者須知及收集個人資料聲明。

參與者須知



收集個人資料聲明



如你有任何關於醫健通登記及其他事項查詢，請聯絡電子健康紀錄申請及諮詢中心（熱線：3467 6300）。你亦可了解更多有關醫健通的詳情，請瀏覽網站www.ehealth.gov.hk。

Part I 【Vaccination Information】

第一部分【接種疫苗資料】

To be filled in by Private Doctor providing the vaccination 以下資料只由提供疫苗接種的醫生填寫

Seasonal Influenza Vaccination 季節性流感疫苗

- ☐ Inactivated Influenza Vaccine (Injectable)
滅活疫苗（注射式）
- ☐ Recombinant Influenza Vaccine (Injectable)
重組疫苗（注射式）
- ☐ Live Attenuated Influenza Vaccine (Nasal Spray)
減活疫苗（噴鼻式）

For ALL persons aged 9 or above 9 歲或以上人士：

☐ The only dose for this season 本季度唯一一劑

For children under the age of 9 who have received Seasonal Influenza Vaccination in previous seasons 9 歲以下兒童並曾於過往季度接種過一劑或以上季節性流感疫苗：

☐ The only dose for this season 本季度唯一一劑

For children under the age of 9 who have **NEVER** received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children) 9 歲以下兒童並從未於過往季度接種過季節性流感疫苗：

☐ The first dose for this season 本季度第一劑 ☐ The second dose for this season 本季度第二劑

Pneumococcal Vaccination 肺炎球菌疫苗

- ☐ 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV)
23 價肺炎球菌多醣疫苗（23 價疫苗）

Elderly aged 65 or above (a) **without** high-risk conditions#, and has never received 23vPPV and PCV13 or PCV15 vaccinations before, or (b) **with** high-risk conditions# and has never received 23vPPV vaccination before but has received PCV13 or PCV15 at least one year prior to the proposed 23vPPV vaccination is entitled to receive one dose of 23vPPV with subsidy.

65 歲或以上長者(a) **沒有**高風險情況#而未曾接種 23 價及 13 價或 15 價疫苗，或(b)**有**高風險情況#且從未接種過 23 價疫苗但已於至少一年前接種一劑 13 價或 15 價疫苗，可獲資助接種一劑 23 價疫苗。

- ☐ 15-valent Pneumococcal Conjugate Vaccine (PCV15)
15 價肺炎球菌結合疫苗（15 價疫苗）

Elderly aged 65 or above **with** high-risk conditions# is entitled to receive subsidy for 1 dose of PCV15 if (a) he or she has never received PCV13 or PCV15 and 23vPPV vaccinations before or (b) he or she has never received PCV13 or PCV15 vaccination but has received 23vPPV at least one year prior to the proposed PCV15 vaccination.

有高風險情況#的 65 歲或以上長者若(a) 未曾接種 23 價及 13 價或 15 價疫苗，或(b) 從未接種過 13 價或 15 價疫苗但已於至少一年前接種一劑 23 價疫苗，可獲資助接種一劑 15 價疫苗。

The interval between 23vPPV and PCV13 or PCV15 must be at least one year. 接種 23 價及 13 價或 15 價疫苗必須最少相隔一年。

Part II 【Vaccine Recipient Information】

第二部分【疫苗接種者資料】

1. VACCINE RECIPIENT INFORMATION 疫苗接種者資料

Vaccine recipient's Full Name (as indicated on identity document) 疫苗接種者姓名（請依照身份證明文件填寫）

Surname 姓 [中文]：

First Name 名 [中文]：

Date of Birth 出生日期： 日 DD / 月 MM / 年 YYYY Sex 性別：☐ Male 男 ☐ Female 女

2. IDENTITY DOCUMENT 身份證明文件

Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.

註：十二歲或以上人士只接受香港身份證或豁免登記證明書。

- ☐ Hong Kong Identity Card No. 香港身份證號碼： 日 DD / 月 MM / 年 YYYY ()

Date of Issue 簽發日期： 日 DD / 月 MM / 年 YYYY

HKIC Symbol 身份證符號標記：☐ A ☐ C ☐ R ☐ U ☐ Others

- ☐ Serial No. of the Certificate of Exemption 豁免登記證明書編號：

Reference No. 檔案編號：

HKID No. shown on the Certificate 豁免登記證明書編號上的香港身份證號碼： 日 DD / 月 MM / 年 YYYY ()

Date of Issue 簽發日期： 日 DD / 月 MM / 年 YYYY

- ☐ Hong Kong Birth Certificate Registration No. 香港出生證明書登記號碼： 日 DD / 月 MM / 年 YYYY ()

- ☐ Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS") 香港特別行政區回港證號碼 (以"RM"或"RS"開首)：

日 DD / 月 MM / 年 YYYY

Date of Issue 簽發日期： 日 DD / 月 MM / 年 YYYY

- HKSAR Visa / Reference No. 香港入境處簽證 / 參考編號：** [] [] [] [] - [] [] [] [] [] [] [] [] - [] [] ([])
- ☐ **Certificate issued by the Births Registry for adopted children – No. of Entry**
生死登記處發出被領養兒童的領養證明書記項編號： [] [] [] [] [] [] [] [] / [] [] [] [] [] []

Seasonal Influenza Vaccination 季節性流感疫苗

年齡介乎 6 個月至未滿 18 歲的兒童及青少年

- ☐ **My child / ward *** is between the age of 6 months and 18 years old (not including 18 years itself) in the calendar year when the Vaccination is given
- OR is still a student of a secondary school registered under the Education Ordinance (Cap 279 of the Laws of Hong Kong) in the school year when the Vaccination is given *(For the latter, please provide a copy of student handbook/ card)*
- 本人子女／受監護者 *** 年齡介乎 6 個月至未滿 18 歲 或 在接種疫苗的學年仍是《教育條例》(第 279 章)註冊的中學的學生 *(如屬後者, 請提供學生手冊或學生證副本)*

☐ I am pregnant at the time of Vaccination
本人正在懷孕

Confirmation of pregnancy by
the Private Doctor:
醫生確認懷孕：

(Private Doctor's Signature 醫生簽署確認)

- ☐ **My child / ward *** is a person aged 6 months or above with intellectual disability holding:
本人 6 個月或以上的子女／受監護者 * 乃智障人士並持有：
- ☐ The “Registration Card for People with Disabilities” with indication of “Intellectual Disability” or “Mentally Retarded”:
 殘疾人士登記證（註明「智障」或「弱智」）：☐ physical card 實體卡 ☐ electronic version^ 電子版本^
- ^Confirmation of possession of the Registration Card
 (electronic version) by the Private Doctor:
 ^醫生已查核電子版殘疾人士登記證：
-
- (Private Doctor’s Signature 醫生簽署確認)
- ☐ A certificate issued by a Registered Medical Practitioner that **my child / ward *** is eligible for subsidised Vaccination
 由註冊醫生發出的醫生證明書以證明**本人子女／受監護者 *** 有資格接受資助接種疫苗
- ☐ A certificate issued by the person-in-charge of a designated institution serving persons with intellectual disability that my
 child / ward is a user of the institution
 由指定的智障人士服務機構負責人所簽發的證明書
- (Please provide a copy of the aforesaid document except the electronic version of Registration Card for People with Disability)*
 （請提供前述證明文件副本，電子版殘疾人士登記證除外）

- ☐ I am / My child is / My ward is* 本人／本人子女／受監護者*為：
- ☐ A recipient of the Social Welfare Department's Disability Allowance 領取社會福利署傷殘津貼人士
(Please provide a copy of the disability allowance approval letter issued by the Social Welfare Department of the Government 請提供社會福利署發出的傷殘津貼批准信副本)
- ☐ A recipient of standard rate of "100% disabled" or "requiring constant attendance" under the "Comprehensive Social Security Assistance" ("CSSA") Scheme of the Social Welfare Department and is aged 18 to under 50
領取社會福利署綜援計劃標準金額類別為「殘疾程度達100%」或「需要經常護理」的人士並為18歲至50歲
(Please provide a copy of documentary proof and sign a self-declaration form provided by the Private Doctor 請提供證明文件副本及簽署由私家醫生提供的聲明書)

☐ I am aged 18 to under 50, and is certified by the Private Doctor as a person with any of the following specified chronic medical conditions %:

本人年齡為18至 50 歲以下，並為經醫生確認為有以下任何一種長期健康問題 %：

Confirmation of specified chronic medical conditions below by the Private Doctor

醫生確認為有以下長期健康問題

(Please also put a “✓” in the box concerned) (請在適當位置加上 “✓” 號) %：

(Private Doctor's Signature 醫生簽署確認)

% Specified chronic medical conditions comprise 長期健康問題包括：

- ☐ Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases;
長期心血管疾病（高血壓而沒有併發症除外）、肺病、肝病或腎病；
- ☐ Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
新陳代謝疾病包括糖尿病或肥胖（體重指數 30 或以上）；
- ☐ Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment; and
免疫力弱因情況如無脾、人類免疫力缺乏病毒感染／愛滋病或癌症／類固醇治療引致；及
- ☐ Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves.
長期神經系統疾病致危及呼吸功能、難於處理呼吸道分泌物、增加異物入肺風險或欠缺自我照顧能力。

Remarks:

備註：

Persons aged 50 years and above 50 歲或以上人士

☐ I am aged 50 and above 本人年齡為 50 歲或以上人士

Pneumococcal Vaccination 肺炎球菌疫苗

☐ I am at the age of 65 or above 本人年齡為 65 歲或以上

☐ For Pneumococcal Vaccination, certified by the Private Doctor as an elderly person with any of the following high-risk conditions #: 在肺炎球菌疫苗接種計劃，經醫生確認為有以下任何一種高風險情況的長者#：

Confirmation of high-risk conditions by the Private Doctor #

醫生確認為高風險情況#

(Private Doctor's Signature 醫生簽署確認)

#For Pneumococcal Vaccination, high-risk conditions include:

在肺炎球菌疫苗接種計劃，高風險情況包括：

- History of invasive pneumococcal disease, cerebrospinal fluid leakage or use of cochlear implant;
曾患侵入性肺炎球菌病、腦脊液滲漏或裝有人工耳蝸；
- Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases;
長期心血管疾病（高血壓而沒有併發症除外）、肺病、肝病或腎病；
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
新陳代謝疾病包括糖尿病或肥胖（體重指數 30 或以上）；
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment; and
免疫力弱因情況如無脾、人類免疫力缺乏病毒感染／愛滋病或癌症／類固醇治療引致；及
- Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves.
長期神經系統疾病致危及呼吸功能、難於處理呼吸道分泌物、增加異物入肺風險或欠缺自我照顧能力。

4. eHealth REGISTRATION 登記醫健通

☐ Vaccine recipient has already registered eHealth.

疫苗接種者已登記醫健通。

☐ Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part IV)

疫苗接種者未登記或不確定是否已登記醫健通。（請填寫第四部份）

Part III 【Consent】 第三部分 【同意書】

☐ CONSENT 同意

I have read / been informed and fully understood my obligation and liability under this consent form (including the Undertakings and Declarations) and the Statement of Purpose of Collection of Personal Data, and **AGREE** for myself/ my child/ ward* to receive the Seasonal Influenza Vaccine/ Pneumococcal Vaccine.

本人已閱讀及完全理解此同意書中疫苗接種者的義務和責任及收集個人資料目的，及 **同意** 本人／本人子女／受監護者* 接種季節性流感疫苗／肺炎球菌疫苗。

Signature of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者／父母／監護人*簽署： (or finger print if illiterate@): (如不會讀寫@，請印上指模)	Relationship with Vaccine Recipient 與疫苗接種者關係： (If applicable 如適用) <input type="checkbox"/> Father 父 <input type="checkbox"/> Mother 母 <input type="checkbox"/> Guardian 監護人																				
Name of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者／父母／監護人*姓名：	Contact Telephone No.: 聯絡電話號碼：																				
Date of Signature: 簽署日期：																					
@Witness shall complete the following if the vaccine recipient has mental capacity but is illiterate: @如疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料：																					
This document has been read and explained to the vaccine recipient in my presence. 本人見證此同意書已在疫苗接種者面前朗讀及解釋。																					
Signature of Witness: 見證人簽署：	Name of Witness: 見證人姓名：																				
Hong Kong Identity Card No. 香港身份證號碼： (only the alphabet and the first three digits are required) (只要英文字母及首 3 個數字)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td>(X)</td> </tr> </table>																	X	X	X	(X)
						X	X	X	(X)												
Contact Telephone No.: 聯絡電話號碼：	Date of Signature: 簽署日期：																				

Part IV 【Consent to Register eHealth】 第四部分 【登記醫健通同意書】

The following part is applicable to a person who has not registered with eHealth, or is unsure of his or her eHealth registration status
未登記醫健通人士，或不確定是否已登記醫健通人士，請填寫下列部分

eHealth registration is a prerequisite for all vaccine recipients aged 18 or above 所有 18 歲或以上的疫苗接種者必須登記醫健通
To be completed and signed by vaccine recipient aged 18 or above 由 18 歲或以上 疫苗接種者填寫及簽署

☐ 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.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 **同意** 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

Signature of Vaccine Recipient: 疫苗接種者簽署：	Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9): 手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：	Date of Signature: 簽署日期：
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To be completed and signed by vaccine recipient between the age of 16 and less than 18 years
由年齡介乎 16 至未滿 18 歲疫苗接種者填寫及簽署

☐ I agree 同意
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.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 ☒ 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

☐ I disagree 不同意

I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and I ☐ DISAGREE to register with eHealth.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 ☐ 不同意 本人登記參加醫健通。

Signature of Vaccine Recipient:

疫苗接種者簽署：

Mobile Number for receiving system notifications

(with prefix 4/ 5/ 6/ 7/ 8/ 9):

手提電話號碼以收取系統通知

(號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)：

Date of Signature:

簽署日期：

To be completed and signed by the Substitute Decision Maker (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.)

由代決人（例如家長或監護人）填寫及簽署（只適用於十六歲以下兒童，或十六歲或以上但無能力自行給予同意的人士。所有18歲或以上的疫苗接種者必須登記醫健通，否則不符合資格接種疫苗。）

☐ I agree 同意

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.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 ☒ 同意 登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

☐ I disagree 不同意

I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and on behalf of the healthcare recipient (HCR) ☐ DISAGREE to register with eHealth.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 ☐ 不同意 登記參加醫健通。

Substitute Decision Maker's

Surname in English:

代決人英文姓氏：

Substitute Decision Maker's

First Name in English:

代決人英文名：

Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/

7/ 8/ 9):

代決人手提電話號碼（號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭）：

Substitute Decision Maker's HK

Identity Card No.:

代決人香港身份證號碼：

For non HK Identity Card holder, please fill in information of other identity document

如非香港身份證持有人，請填寫其他身份證明文件資料

Document Type:

證明文件類別：

Document No.:

證件號碼：

Relationship with Vaccine Recipient:

與疫苗接種者關係：

☐ Vaccine recipient aged under 16 疫苗接種者為十六歲以下兒童

Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * 家長 / 家人 / 同住人士 / 根據《未成年人監護條例》委任的監護人 / 獲法院委任的人*

☐ Vaccine recipient aged 16 or above but incapable of giving consent 疫苗接種者為年滿十六歲但無能力自行給予同意的人士

Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court * 家人 / 同住人士 / 根據《精神健康條例》委任的監護人 / 社會福利署署長或根據《精神健康條例》委任的監護人 / 獲法院委任的人*

Signature of Substitute Decision Maker:

代決人簽署：

Date of Signature:

簽署日期：

Part V – To be filled in by Private Doctor providing the vaccination 第五部分 – 以下資料只由提供疫苗接種的醫生填寫	
<input type="checkbox"/> Vaccination was provided to the vaccine recipient 已為疫苗接種者 接種 疫苗	
Name of Private Doctor 醫生姓名：	
Private Doctor’s Signature 醫生簽署確認：	
Date of Vaccination 接種日期：	
Place of Vaccination 接種疫苗地點名稱：	
Transaction No. 交易號碼： (One transaction number only 只可填寫一個交易號碼)	