

## Sample Medical Exemption Certificate (Hand-filled template)

Review the **Guidance for COVID-19 Vaccination Medical Exemption Certificate** prior to certifying a medical exemption to ensure all criteria are met.

[發出日期 Date of issue of letter]

敬啟者  
To whom it may concern

新冠疫苗接種醫學豁免證明書  
COVID-19 Vaccination Medical Exemption Certificate

茲證明以下人士  
This is to certify that the following person

姓名 **Name**  
(如身分證明文件) (as in identification document) : \_\_\_\_\_

證件種類及號碼  
**Document Type & Number** :  香港身份證號碼 HKID number \_\_\_\_\_  
 護照號碼 Passport number \_\_\_\_\_  
 其他，請註明種類及號碼 Others, please specify type and number  
\_\_\_\_\_

出生日期 **Date of Birth** : \_\_\_\_\_(DD/MM/YYYY)

性別 **Gender** : \_\_\_\_\_

基於附頁上指明醫學原因不適合接種任何一款本港現行提供的 2019 冠狀病毒病疫苗 (滅活疫苗/信使核糖核酸疫苗)。

is considered not suitable to receive any one of the currently available COVID-19 vaccines (inactivated vaccine / mRNA vaccine) in Hong Kong Special Administrative Region due to the medical reasons(s) as listed in Annex.

此證明書的有效期直至 \_\_\_\_\_ [日期]\* ]。

This certification remains valid until \_\_\_\_\_ [Date]\* 。

\* 除非有特殊醫學原因，一般來說，本證明書的有效期不應長於三個月。如果有特殊醫學原因，本證明書的最長有效期亦應只限於六個月。

\* In general, the validity period of this certification should not be more than 3 months, unless there are special medical reasons. Even with special medical reasons, the maximum validity period of this certification should not be more than 6 months.

( \_\_\_\_\_ )

註冊醫生簽署及姓名

Signature and Name of Registered Medical Practitioner

Review the **Guidance for COVID-19 Vaccination Medical Exemption Certificate** prior to certifying a medical exemption to ensure all criteria are met.

### 第一部分：新冠信使核糖核酸疫苗或新冠滅活疫苗的禁忌症

#### Part I: Contraindications to mRNA or inactivated COVID-19 vaccines

請在適當 位置加上√。 Please √ the appropriate box(es).

請注意，必須選填新冠信使核糖核酸疫苗及新冠滅活疫苗適當 位置。

Please note that you must √ at least one box for both mRNA and inactivated COVID-19 vaccines.

如以上條件不適用，請選填第二部分。 If the above criteria is not applicable, please proceed to Part II.

醫學原因 Medical Reason(s)	
新冠信使核糖核酸疫苗 mRNA COVID-19 vaccine	新冠滅活疫苗 Inactivated COVID-19 vaccine
<input type="checkbox"/> 曾對如接種須知所述新冠信使核糖核酸疫苗活性物質或其他成分有過敏反應Allergy to the active substance or any of the other ingredients of this medicine as stated on the fact sheet  <input type="checkbox"/> 於接種信使核糖核酸2019 冠狀病毒病疫苗後患有心肌炎或心包炎Myocarditis or Pericarditis following a mRNA COVID-19 vaccine	<input type="checkbox"/> 對其他滅活疫苗*；或如接種須知所述新冠滅活疫苗中的任何成分(活性或非活性成分，或生產工序中使用的任何物質)有過敏史；過往發生過疫苗嚴重過敏反應(如急性過敏反應、血管神經性水腫、呼吸困難等)History of allergic reaction to other inactivated vaccine*, or any component of inactivated COVID-19 vaccine (active or inactive ingredients, or any material used in manufacturing process as stated on the factsheet); previous severe allergic reactions to other vaccine (e.g. acute anaphylaxis, angioedema, dyspnea, etc.)  <input type="checkbox"/> 患有嚴重神經系統疾病(如橫貫性脊髓炎、格林巴利綜合症、脫髓鞘疾病等)Severe neurological conditions (e.g. transverse myelitis, Guillain-Barré syndrome, demyelinating diseases, etc.)  <input type="checkbox"/> 未控制的嚴重慢性病患Uncontrolled severe chronic diseases

\* 滅活疫苗如滅活小兒麻痺疫苗、滅活流感疫苗等。

Inactivated vaccines such as inactivated polio vaccine, inactivated influenza vaccine etc.

### 第二部分：既有身體狀況／新冠疫苗接種異常事件

#### Part II: Pre-existing condition/ Adverse event following COVID-19 immunisation

請在適當 位置加上√。請注意，必須選填一個 位置，以符合醫學豁免要求。

Please √ the appropriate box(es). Please note that you must √ at least one box in order to fulfill the medical exemption requirement.

醫學原因 Medical Reason(s)
<input type="checkbox"/> 對所有本港現行提供的 2019 冠狀病毒病疫苗曾出現嚴重過敏反應或過敏反應Severe allergic reaction or anaphylaxis to all currently available COVID-19 vaccines  <input type="checkbox"/> 特定醫學原因(請註明): Specific medical condition(s) (please specify): _____