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Disclaimer

This Doctors' Guide to Residential Care Home Vaccination Programme (RVP) is provided as a living document for doctors' reference and input. We welcome doctors' questions, comments or feedback on this Guide so that we can improve on it. The internet version of the Guide will be updated regularly to provide the most up-to-date information to the doctors.

If you have any comments or questions, please send them to the Programme Management and Vaccination Division (PMVD) of the Department of Health (DH):

Address : 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom
Kowloon
Fax : 2544 3922
Email : vacs@dh.gov.hk
Telephone: 3975 4472 (General Enquiry)
2125 2125 (Vaccination Incident)

Operation hours: 9:00 a.m. – 5:30 p.m., (including lunch hours) Monday through Friday (closed on Saturdays, Sundays and public holidays.)

Quick Guide to joining RVP

I. Administrative Arrangements under RVP 2020/21

- **Check recipients' vaccination records in eHS(S) – Two options**
 - **Individual vaccine recipient** (Section 3.5) OR
 - **Excel batch upload** (Section 3.6)
- **Submit vaccine order** (Section 2.4.3)
- **Prepare vaccination equipment** (Section 2.4.4)
- **Clinical waste disposal** (Section 2.4.6)
- **Submit claims in eHS(S) – Two options**
 - **Individual vaccine recipient** (Section 3.5) OR
 - **Excel batch upload** (Section 3.6)

II. For New Enrolees

In order to provide vaccination service under RVP, a doctor who has enrolled in the programme would be invited by the Residential Care Homes (RCHs), Residential Child Care Centres (RCCCs), or Designated Institutions (DIs) including designated day activity centres, sheltered workshops and special schools serving non-institutionalised Persons with Intellectual Disability (PIDs). Please refer to Appendix I for the key stages in joining and making claims under RVP.

A doctor invited by the RCH, RCCC or DI in-charge should fulfil the following requirements to enrol in RVP:

- i) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap 161); and
- ii) holds a valid annual practicing certificate; and
- iii) works in the private medical sector (including university and non-government organizations).

Starting in the 2021/22 season, all doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the Primary Care Directory (PCD).

1. Pre-enrolment

Read the “Enrolment Information” at CHP website (www.chp.gov.hk/en/view_content/45858.html), including Appendix K – RVP Definitions, Terms and Conditions of Agreement, and Schedule.

2. Enrolment application

Send the following documents to Programme Management and Vaccination Division by registered mail:

- i) Completed and signed Application Form (Appendix A);
- ii) Completed and signed Authority for Payment to a Bank Form (Appendix B);
- iii) Copy of Hong Kong Identity Card;
- iv) Address proof of enrolling doctor and medical organisation, if any;
- v) Copy of Business Registration Certificate of medical organisation, if any;
- vi) Bank account information for reimbursement (e.g. certified true copy of bank correspondence showing the bank name, bank account number and name of the account holder);
- vii) For doctors employed or engaged by a medical organisation (whether incorporated or not) to provide vaccination service with respect to RVP, signature and relevant information from the medical organisation should also be provided in Appendix A; and
- viii) For doctors who have enrolled in Vaccination Subsidy Scheme or Health Care voucher Scheme, documentary proof iii) to vi) are not required if there is no change in the information already submitted.

3. Enrolment confirmation

Upon receipt of the duly completed Application Form and Authority for Payment to a Bank Form together with all supporting documents, Programme Management and Vaccination Division will complete the processing of the application within 14 working days.

III. For Enrolled doctors

Registered medical practitioners who enrolled in RVP 2019/20 are considered eligible for participation in RVP 2020/21 and are not required to enrol again in this season. If there is any change of enrolment information or if you wish to withdraw from RVP, please complete and return the Change Form (downloadable from CHP website at www.chp.gov.hk/en/view_content/23543.html).

Please read the latest version of Appendix K - Definitions, Terms and Conditions of Agreement, and Schedule (accessible at CHP website at www.chp.gov.hk/en/features/45858.html).

Starting in the 2021/22 season, all doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the Primary Care Directory (PCD).

IV. Vaccination Period for RVP 2020/21

The vaccination period of RVP 2020/21 is set out as follows:

a) Seasonal Influenza Vaccine (Inactivated Quadrivalent Vaccine) For persons aged 6 months or above: VaxigripTetra™ – 0.5 ml prefilled syringe with needle	Start from 22 October 2020 and until stocks of vaccines expire
b) Pneumococcal Vaccine 13-valent Pneumococcal Conjugate Vaccine (PCV13) Prevenar 13 – 0.5ml prefilled syringe without needle (Needles separately provided) 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) Pneumovax 23 – 0.5ml prefilled syringe without needle (Needle separately provided)	Continue throughout the year

Under this programme, the Government will reimburse the enrolled medical practitioners (i.e. Visiting Medical Officers (VMO)) \$100 per dose of vaccine injection provided to the eligible persons during the vaccination period. VMO is prohibited to charge any fee from the clients or share any vaccination fee with RCHs/RCCCs/DIs or in-charges of RCHs/RCCCs/DIs, recipients or their parents/guardians.

V. Vaccination procedure under RVP

- a) Confirm the date and time of vaccination with in-charge of RCH, RCCC and DI.
 - To smooth the logistics and avoid vaccination incidents, Seasonal Influenza Vaccination (SIV) and Pneumococcal Vaccination (PV) **should be arranged on two different vaccination dates.** Seasonal Influenza Vaccination should be provided as early as possible and preferably before mid-December 2020 for better protection of the residents and staff. Pneumococcal vaccine could be administered

throughout the year. When pneumococcal vaccine is given together with seasonal influenza vaccine (only applicable to eligible adults), they should be injected in separate sites of the body with different syringes. (Left arm: SIV; Right arm: PV).

b) Obtain original or copies of Vaccination Consent Form from RCH/RCCC/DI **at least 25 working days** before the vaccination date.

(i) Checking of Vaccination Consent Form for persons in RCHs/RCCCs

- If the person is aged 18 or above and is mentally-capacitated, check that he/she has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form for RCH.
- If the person is aged below 18 or mentally-incapacitated, check that his/her parent/guardian has completed and signed (or finger-printed if illiterate) in Part B (II) of the consent form.
- If the person is aged below 18 or mentally-incapacitated and his/her parent/guardian cannot be contacted, check that the person's relative has completed and signed Part B (III) of the consent form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.
- If the person is aged below 18 or mentally-incapacitated and his/her parent/guardian cannot be contacted nor arranged to sign the consent form, check that the In-charge Person of RCH/RCCC has completed and signed Part B (IV) of the consent form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.
- If the person and/or his/her parent/guardian is illiterate, check that the consent form document has been read and explained to the recipient and/or his/her parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
- If irregularities are found on the consent form, verify with the RCH/RCCC for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

(ii) Checking of Vaccination Consent Form for persons in DIs

- Check that the person's parent/guardian has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form for DI.
- If the person's parent/guardian cannot be contacted, check that the person's relative has completed and signed Part B (II) of the consent

form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.

- If the person's parent/guardian cannot be contacted nor arranged to sign the consent form, check that the In-charge Person of DI has completed and signed Part B (III) of the consent form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.
- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
- If irregularities are found on the consent form, verify with the DI for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

c) There are **two options** available to **check the vaccination records** in eHealth System (Subsidies) (eHS(S))

(i) By Individual Vaccine Recipient: (Refer to Section 3.5 for more details)

- Using the identity information provided in the consent form, search and retrieve the eHealth (Subsidies) account of the eligible person, or if an eHealth (Subsidies) account is not yet created, input the information required in the system in respect of the eligible person to create an eHealth (Subsidies) account.
- Verify the eligible person's past vaccination history and vaccination records in the eHS(S) and decide whether vaccination is needed. Special attention should be paid to the type of identity document being used by the person when logging in the account.
- Retain the consent forms to validate patient's identity and eligibility before vaccination.

(ii) By Excel Batch Upload: (Refer to Section 3.6 for more details)

- Consolidate the identity information provided in the consent form into a consent list in an Excel file encrypted with a password. The password should be sent to the Programme Management and Vaccination Division in a separate email. Submit the consent list to Programme Management and Vaccination Division via email (rvp@dh.gov.hk). Special attention should be paid to the type of identity document being used by the person.
- The recent vaccination record will be generated into a 'First Report' in one day after the consent list is uploaded to eHS(S) by Programme

Management and Vaccination Division. If an eHealth (Subsidies) account is not yet created, a temporary account will be created automatically.

- Download the 'First Report' and 'Vaccination Name List' generated from eHS(S) and verify the eligible person's past vaccination history and vaccination records and decide whether vaccination is needed.
 - Assign the Vaccination Date by each vaccine for the batch of recipients on eHS(S). According to the vaccination records, confirm the batch of recipients to be vaccinated on eHS(S).
 - Conduct final checking of vaccination records in eHS(S) three days before vaccination. Download the 'Final Report' and the 'Onsite Vaccination' list generated from the eHS(S) and verify the eligible person's past vaccination history and vaccination records again three days before vaccination.
- d) Submit vaccine order forms (Appendix V) to Programme Management and Vaccination Division by fax at 2544 3922 **at least 10 working days** before vaccination day.
- e) Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. Vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.
- f) If vaccination record and eligibility status of the person have not been checked in the eHS(S), the vaccination should be deferred until checking of eligibility status is in order.
- g) Before the day of vaccination, check with In-charge of RCH/RCCC/DI that vaccines, necessary manpower and equipment for vaccination, are available before vaccination. VMO should be familiar with the practice emergency plan and resuscitation procedures. Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Section 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation:
(www.fhb.gov.hk/pho/english/resource/files/Module_on_Immunisation_Children.pdf). The Government will deliver vaccines, consent forms and vaccination cards to each RCH/RCCC/DI.

- h) Pre-arrange clinical waste collection service in advance. There are three ways for handling clinical waste generated after vaccination activity (Refer to Section 2.4.6 for more details):
- (i) Pre-arrange with licensed clinical waste collector to collect clinical waste on the same day after the vaccination activity; or
 - (ii) Self-deliver the clinical waste to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional on the same day after activity; or
 - (iii) Temporarily store the sharps box(es) in locked and labelled cabinet at the venue until self-delivery or collection by licensed clinical waste collector.
- If necessary, VMOs may liaise with RCH/RCCC/DI to assist in clinical waste disposal in their names for VMOs.
 - If VMOs still encounter difficulties in clinical waste disposal, they may seek assistance from DH.
- i) On the day of vaccination, the **original consent forms should be made available in RCH/RCCC/DI** and be distributed to individual persons for checking right before vaccination.
- (i) If using Individual Vaccine Recipient method, counter-check the personal identity against the consent forms before vaccination.
 - (ii) If using Excel Batch Upload method, counter-check the personal identity against the consent forms, the 'Final Report' and 'Onsite Vaccination' list before vaccination.
- j) Check the vaccination card(s), if any, and ask recipients and/or their relatives for vaccination history.
- k) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.
- l) Explain to the recipients and/or his/her parent/guardian/relative the possible side effects of vaccination and post-vaccination management.
- m) Check to ensure that vaccines supplied by the Government are properly stored (cold chain is maintained) and in good condition. Please follow the

guidelines for proper vaccine storage and handling as set out in Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation:

(www.fhb.gov.hk/pho/english/resource/files/Module_on_Immunisation_Children.pdf). Please pay particular attention to the following points:

- (i) Strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;
 - (ii) Purpose-built vaccine refrigerators (PBVRs) are the preferred means of storage for vaccines;
 - (iii) Cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;
 - (iv) Fill the empty shelves, floors, drawers and the door with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;
 - (v) The temperature of the vaccine fridge should be monitored by a data logger or minimum/maximum thermometer;
 - (vi) Check and record manually the minimum and maximum temperatures of the vaccine storage unit twice daily onto a temperature log sheet.
- n) Ensure correct and unexpired vaccine(s) is/are given to the recipient.
- o) Administer vaccination and mark the date of vaccination on the consent form immediately.
- p) All vaccinations given should be clearly documented on a vaccination record/the recipient's handheld vaccination card, which is kept by the vaccine recipient or his/her parent/guardian.
- q) Observe recipient's condition after vaccination and report suspected serious/unusual adverse drug reactions to the Drug Office of the DH if such cases occur. Please refer to the website of Drug Office for the Reporting Guidelines and ADR Report form at:
www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.
- r) Report to Programme Management and Vaccination Division (Tel: 2125 2125) immediately (i.e. within 24 hours or next working day) of any vaccination incidents, including but not limited to double doses of vaccination, wrong vaccine given, vaccination given to an ineligible person or to an eligible person without consent, etc.

- s) Please refer to Appendix II for the flow chart of providing vaccination service under RVP.

VI. Reimbursement

- a) Claims should only be submitted for reimbursement after it is confirmed that both vaccination has been provided to the eligible persons and the Vaccination Consent Form is duly signed and completed by all relevant parties.
- b) Submission of claims onto the eHS(S) immediately after the vaccination is highly recommended to ensure accuracy of records and prevent duplication of vaccination.
 - (i) By Individual Vaccine Recipient: Log on to the eHS(S), select the scheme “RVP” and input information required by the system **WITHIN SEVEN DAYS** counting from the day of delivery of service for online processing for reimbursement. (Refer to Section 3.5 for more details)
 - (ii) By Excel Batch Upload: Log on to the eHS(S), under ‘Vaccination File Management’, select ‘Vaccination File’ and input relevant details to view the batch confirmed in step (c)ii. Confirm claims by marking ‘Y’ (in bulk) under ‘Actual Injected’ **WITHIN SEVEN DAYS** counting from the day of delivery of service for online processing for reimbursement. The status of claims can be reviewed on the next day. (Refer to Section 3.6 for more details)
- c) For completeness of vaccination records kept in the eHS(S), you are strongly advised to confirm the relevant records within seven days after conducting the vaccination even though you are providing the vaccination service as volunteer service.
- d) Any claim for reimbursement not made within seven calendar days counting from the date of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to a VMO or its Associated Organization for such late claim. The status of claim submission on eHS(S) will be shown as ‘Suspended’. VMO should contact the Programme Management and Vaccination Division for re-activation of claim submission. The Government has the discretion not to pay out any vaccination fee to the VMO or its Associated Organization if the claim for any vaccination provided is not submitted to the Government within 90 calendar days counting from the date of vaccination.
- e) A VMO and his/her medical organisation shall keep proper and full record in relation to the vaccination service and the Vaccination Consent Form for a period of not less than seven years.

VII. Payment Checking

- a) At the end of each month, the eHS(S) will generate payment files, based on the information submitted by VMO.
- b) In respect of each transaction for eligible person accepted by the Government, the Government shall pay the VMO or the associated organisation the vaccination fee for vaccination provided in the vaccination period.
- c) Upon checking of claims submitted by the VMO to the eHS(S), the reimbursement will be paid directly into the designated bank accounts within 30 days after the end of each month.
- d) If any irregularity is found in the claims submitted by the VMO at any time of the programme, such payment shall be made upon satisfactory checking conducted by the Government.
- e) Checking will entail collecting relevant consent forms from VMO at any time of the programme.
- f) The Government shall have no obligation to pay a VMO any vaccination fee if any information provided/claims submitted in the eHS(S) by the VMO to the Government under or in relation to the RVP is at any time found to be incomplete, untrue or inaccurate.
- g) After payment has been made, if further checking confirms overpayment, the Government shall request the VMO to recover the payment overpaid.

List of Acronyms

CHP	Centre for Health Protection
DH	Department of Health
DI	Designated Institutions including designated day activity centres, sheltered workshops and special schools serving non-institutionalised PIDs
eHS(S)	eHealth System (Subsidies)
GBS	Guillain-Barré Syndrome
GVP	Government Vaccination Programme
HA	Hospital Authority
HCW	Healthcare Worker
ImmD	Immigration Department
MCHK	Medical Council of Hong Kong
PCD	Primary Care Directory
PCV	Pneumococcal Conjugate Vaccine
PID	Persons with intellectual disability
PMVD	Programme Management and Vaccination Division
PPV	Pneumococcal Polysaccharide Vaccine
RCCC	Residential Child Care Centre
RCH	Residential Care Home
RCHD	Residential Care Home for Persons with Disabilities
RCHE	Residential Care Home for the Elderly
RVP	Residential Care Home Vaccination Programme
SCVPD	Scientific Committee on Vaccine Preventable Diseases
VMO	Visiting Medical Officer

1. Introduction

1.1. What is Residential Care Home Vaccination Programme?

The Residential Care Home Vaccination Programme (RVP) under the Government Vaccination Programme (GVP) aims to provide free and convenient vaccination services for eligible persons in Residential Care Homes (RCHs), Residential Child Care Centres (RCCCs) and Designated Institutions (DIs) in Hong Kong. Private doctors who have enrolled in the programme would be invited by RCHs/RCCCs/DIs as Visiting Medical Officers (VMOs) and provide vaccination services to eligible persons under RVP. Under this programme, the Government will reimburse the VMO \$100 per vaccine injection and VMO is prohibited to charge any fee from the clients or share any vaccination fee with RCHs/RCCCs/DIs or in-charges of RCHs/RCCCs/DIs, recipients or their parents/guardians.

Under RVP 2020/21, seasonal influenza and pneumococcal vaccinations will be covered. The Government will review the vaccinations covered by RVP from time to time and keep the VMOs informed.

The scientific basis of vaccination regime comes from the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP. The latest relevant recommendations of SCVPD can be viewed at the links below: –

- a) Seasonal influenza vaccine:
https://www.chp.gov.hk/files/pdf/recommendations_on_siv_for_2020-21.pdf
- b) Pneumococcal vaccine:
www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf

1.2. What service providers can participate in RVP?

A doctor invited by the RCH, RCCC or DI in-charge should fulfil the following requirements in order to participate in RVP: –

- a) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161); and
- b) holds a valid annual practising certificate; and
- c) works in the private medical sector (including university and non-government organisations); and
- d) has successfully enrolled to the RVP.

Primary Care Directory (PCD) enrolment and continuous medical education (CME) requirement for doctors enrolled in RVP starting in the 2021/22 season: –

- a) All doctors under RVP, including new enrollees and previously enrolled doctors, are required to be enrolled and listed in the PCD starting in the 2021/22 season.
- b) To be qualified for enrolment in PCD, doctors must be
 - (i) a registered medical practitioner holding a valid practicing certificate issued under the Medical Registration Ordinance; and
 - (ii) committed to the provision of directly accessible, comprehensive, continuing and coordinated person-centred primary care services
- c) To maintain listing in the PCD, enrolled PCD doctors who are
 - (i) specialists will need to remain in the Specialist Register of the Medical Council of Hong Kong (MCHK) and comply with the CME requirements relevant to the specialty; or
 - (ii) non-specialists will need to participate in the “CME programme for Practising Doctors who are not taking CME Programme for Specialists” approved by the MCHK and shall obtain a yearly CME Certificate or qualified to quote the title “CME-Certified” as approved by MCHK after each CME cycle.
 - (iii) Please refer to the PCD website (www.pcdirectory.gov.hk) for details.

1.3. Vaccination period

a) **Seasonal influenza vaccine:**

The vaccination period will **start from 22 October 2020** until stocks of vaccines supplied by the Government expire. It is preferable to provide vaccination before mid-December 2020 for better protection of residents and staff.

b) **Pneumococcal vaccine:**

The vaccination period continues **throughout the year.**

1.4. Eligibility for vaccination service under RVP 2020/21

a) **Seasonal influenza vaccine:**

- I. All residents and staff in the RCHs;
- II. All residents (aged 6 months to below 12 years) and staff in the RCCC; and
- III. Persons with intellectual disability (PID) receiving services in DIs; such as designated day activity centres, sheltered workshops and special schools

b) **Pneumococcal vaccine:**

- I. All residents in RCHEs;
- II. All inmates of nursing homes as referred to in the Private Healthcare Facilities Ordinance (Cap. 633); and
- III. Residents in RCHDs aged 65 years or above.

They should also hold a valid Hong Kong Identity Card or Certificate of Exemption; or Birth Certificate or other travel documents proving their identity (please refer to Annex A for samples of identity documents).

1.5. Information on seasonal influenza vaccines and pneumococcal vaccines

I. Seasonal influenza vaccine

The seasonal influenza vaccine provided in 2020/21 is an inactivated egg-based quadrivalent influenza vaccine with the following components:

- an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/2671/2019 (H3N2)-like virus;
- a B/Washington/02/2019-like virus (B/Victoria lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage)

For persons aged 6 months or above:

VaxigripTetra™ quadrivalent vaccine – 0.5 ml prefilled syringe with needle

Route for administration: Intramuscular/subcutaneous

For persons with bleeding tendencies or taking anti-coagulants that are contraindicated for intra-muscular injections, VMO could consider giving the vaccine by subcutaneous injection according to their clinical judgment.

Influenza occurs in Hong Kong throughout the year, but is usually more common in periods from January to March/April and from July to August. As the influenza vaccine composition is updated every year and the immunity built up in a vaccinated person in the prior season will decrease over time and may become too low to provide protection in the next season, it is recommended to receive seasonal influenza vaccination every year.

To ensure adequate immunity against seasonal influenza, children under 9 years of age who have never received any seasonal influenza vaccination before are recommended to receive two doses of seasonal influenza vaccine with a minimum interval of 4 weeks in the 2020-21 season. Children below 9 years of age, who have received at least one dose of seasonal influenza vaccine before are recommended to receive one dose of seasonal influenza vaccine in the 2020-21 season. For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

II. Pneumococcal vaccine: –

Under RVP 2020/21, the Government provides 13-valent Pneumococcal Conjugate Vaccine (PCV13) and 23-valent Pneumococcal Polysaccharide Vaccine

(23vPPV) to eligible residents.

13-valent Pneumococcal Conjugate Vaccine (PCV13)

Prevenar 13 – 0.5ml prefilled syringe without needle

(Needles separately provided)

Route for administration: Intramuscular

23-valent Pneumococcal Polysaccharide Vaccine (23vPPV)

Pneumovax 23 – 0.5ml prefilled syringe without needle

(Needles separately provided)

Route for administration: Intramuscular/subcutaneous

- a) Residents of RCHes and residents aged 65 years or above of RCHDs who –
- (i) have never received PCV13 or 23vPPV before, are eligible for one dose of free PCV13, followed by one dose of free 23vPPV 1 year* later; or

Example (a)	1 st dose	Recommended dose interval	2 nd dose
Unvaccinated	(a) <u>2020/21 season</u> PCV13	≥ 1 year*	<u>2021/22 season</u> 23vPPV
	e.g. 30/12/2020		30/12/2021

- (ii) have already received 23vPPV, are eligible for one dose of free PCV13 1 year* after the previous 23vPPV vaccination; or

Example (b)	1 st dose	Recommended dose interval	2 nd dose
Previously vaccinated	(b) <u>Previous season(s)</u> 23vPPV	≥ 1 year*	<u>2020/21 season</u> PCV13
	e.g. 1/11/2019		1/11/2020

- (iii) have already received PCV13, are eligible for one dose of free 23vPPV 1 year* after previous PCV13 vaccination; or

Example (c)	1 st dose	Recommended dose interval	2 nd dose
Previously vaccinated	(c) <u>Previous season(s)</u> PCV13	≥ 1 year*	<u>2020/21 season</u> 23vPPV
	e.g. 30/12/2019		30/12/2020

- (iv) have already received both PCV13 and 23vPPV, no longer require any further pneumococcal vaccination.

- b) Residents should attempt to trace their pneumococcal vaccination record(s) from the respective clinic(s) if they do not have a documented vaccination history (vaccination card and electronic record) for pneumococcal vaccine. If residents cannot trace their record(s) nor recall the type and time of vaccination, they should still receive the recommended doses, i.e. one dose of PCV13 followed by a dose of 23vPPV 1 year * later.

Please refer to Appendix III for the flow chart illustrating the use of PCV13 and 23vPPV under RVP 2020/21.

- * 1 year is assumed to be one calendar year.
 - e.g. 1st dose was given on 30/12/2019
 - 2nd dose should be given on or after 30/12/2020

Note

All VMOs are advised to read carefully the product information of the vaccines, noting especially the vaccine components, contraindications, route of administration and dosage for eligible recipients. Vaccine name and expiry date should also be checked immediately prior to vaccination.

2. RVP in RCH Setting

As vaccination is invasive in nature and the procedure is performed under non-clinic setting, VMO should give due consideration to safety and liability issues when providing vaccination service in RCH/RCCC/DI setting. The following notes aim to highlight areas that VMO should note when providing vaccination services.

2.1. Roles and Responsibilities of VMOs

Vaccination administration is a medical procedure that carries risks. You have personal responsibility for the duties delegated to other persons. Improper delegation of medical duties to non-qualified persons which transgresses accepted codes of professional ethical behaviour may lead to disciplinary action by the Medical Council of Hong Kong (MCHK).

All registered medical practitioners are earnestly advised to read through the Code of Professional Conduct issued by MCHK. Please observe in particular the following sections to acquaint themselves thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by MCHK.

- a) “Dissemination of service information to patient”;
- b) “Fees”;
- c) “Covering or improper delegation of medical duties to non-qualified persons”;
and
- d) “Untrue or misleading certificates and similar documents”.

Please also ensure that the followings are complied with: –

- a) Health care professionals should obtain vaccination history and check for contraindications or precautions to the vaccines that are to be administered.
- b) For the safety of recipients, vaccination should be administered by you or qualified health care professionals under your personal supervision. He/she should be trained to provide immediate medical treatment to recipients when necessary.
- c) To ensure correct vaccine(s) is/are given to correct recipient. It is the responsibility of VMOs to ensure all vaccines are not expired and maintained at a proper cold chain prior to administration. Improper storage or mishandling decrease the potency of vaccines.
- d) Ensure that all sharps and medical wastes are properly handled and disposed.

- e) Keep recipients under observation in the vicinity of the place of vaccination for at least 15 minutes to ensure that they do not experience an immediate adverse event. VMO should stand-by for sudden emergency events.
- f) It is the prime responsibility of all VMOs to ensure safety and quality of the vaccination service provided to recipients.
- g) All VMOs should observe the Code of Professional Conduct issued by the MCHK as the standard to provide quality health care. VMOs who fail to comply with the aforementioned may be subject to administrative sanctions.

2.2. Safety and legal issues

- a) **VMO should be present and oversee the whole vaccination process** in RCHs/RCCCs/DIs, ensure that the vaccination duties are performed by qualified/trained personnel. Sufficient number of qualified/trained health care personnel must be present to provide support.
- b) The eligible person's suitability for vaccination should be assessed before vaccination.
- c) VMO may apply the vaccination for mentally-incapacitated residents/boarders/PID who do not have parents or legal guardian to sign the consent form if VMO, after assessing the persons concerned and considers that the vaccination is necessary and in the best interest of the persons.
- d) Vaccination may cause untoward reactions. Some recipients may even develop anaphylactic reactions to the vaccine(s). VMO should standby for emergency management and give timely intervention as indicated.
- e) Observe recipients for any severe adverse reaction.
- f) Sharps and wastes (e.g. needles, blood-stained cotton wool balls or alcohol swabs) must be properly handled and disposed.
- g) Relevant staff should be advised on the terms of services provided by the VMO, and understand the VMO's liability.

2.3. Providing adequate information

- a) Provide vaccine recipients and/or their parents/guardians with essential information on the vaccines to ensure that they understand the aims and possible side-effects of vaccination. Related information is available on the CHP website (www.chp.gov.hk).

- b) Ensure vaccine recipients/parents/guardians understand that participation in the RVP is voluntary. Sufficient time should be allowed for the recipients to consider if they should accept or refuse to receive the vaccination(s) under RVP.
- c) Inform vaccine recipients that the DH may contact them for information verification.

2.4. Preparation procedures

2.4.1. Administrative procedures

- a) Ensure you have enrolled and activated the eHealth (Subsidies) (eHS(S)) Service Provider account within 21 days upon receipt of confirmation of enrolment before providing vaccination service. You may contact Programme Management and Vaccination Division (PMVD) to check the status of your application.
- b) Confirm the date and time of vaccination with in-charge of RCH/RCCC/DI. To smooth the logistics and avoid vaccination incidents, Seasonal Influenza Vaccination (SIV) and Pneumococcal Vaccination (PV) should be arranged on two different vaccination dates. Seasonal Influenza Vaccination should be provided as early as possible and preferably before mid-December 2020 for better protection of the residents and staff. Pneumococcal vaccine could be administered throughout the year. When pneumococcal vaccine is given together with seasonal influenza vaccine (only applicable to eligible adults), they should be injected in separate sites of the body with different syringes. The usual practice is to administer the seasonal influenza vaccine on the left arm and to administer the pneumococcal vaccine on the right arm.
- c) Staff of PMVD may conduct random on-site inspection without prior notice.

2.4.2. Obtaining consent and checking eligibility (for SIV & PV)

- a) Collect original or copies of duly completed Vaccination Consent Form from RCH/RCCC/DI at least **25 working days** before the vaccination day.
 - (i) Checking of Vaccination Consent Form for persons in RCHs/RCCCs
 - If the person is aged 18 or above and is mentally-capacitated, check that he/she has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form for RCH.
 - If the person is aged below 18 or mentally-incapacitated, check that his/her parent/guardian has completed and signed (or finger-printed if

illiterate) in Part B (II) of the consent form.

- If the person is aged below 18 or mentally-incapacitated and his/her parent/guardian cannot be contacted, check that the person's relative has completed and signed Part B (III) of the consent form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.
- If the person is aged below 18 or mentally-incapacitated and his/her parent/guardian cannot be contacted nor arranged to sign the form, check that the In-charge Person of RCH/RCCC has completed and signed Part B (IV) of the consent form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.
- If the person and/or his/her parent/guardian is illiterate, check that the consent form document has been read and explained to the recipient and/or his/her parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
- If irregularities are found on the consent form, verify with the RCH/RCCC for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

(ii) Checking of Vaccination Consent Form for persons in DIs

- Check that the person's parent/guardian has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form for DI.
- If the person's parent/guardian cannot be contacted, check that the person's relative has completed and signed Part B (II) of the consent form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.
- If the person's parent/guardian cannot be contacted nor arranged to sign the form, check that the In-charge Person of DI has completed and signed Part B (III) of the consent form. Vaccination can be administered if VMO considers the vaccination is in the best interest of the recipient.
- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
- If irregularities are found on the consent form, verify with the DI for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person

should be deferred until checking is in order.

- b) Check the eligibility and vaccination records of consented recipients on the eHS(S)
 - (i) By Individual Vaccine Recipient (Refer to Section 3.5)
 - (ii) By Excel Batch Upload (Refer to Section 3.6)

2.4.3. Vaccine ordering & vaccine storage

According to the Pharmacy and Poisons Ordinance (Cap.138), vaccines should be prescribed by the doctor. VMOs are responsible for pre-ordering sufficient vaccines for consented persons and ensure the vaccines ordered are properly stored under RVP.

(1) Vaccine Ordering

- (1) Liaise with RCH/RCCC/DI to confirm:
 - (i) vaccination date (SIV/PV);
 - (ii) number of remaining dose(s) of SIV and PV (if any) in RCHs and ensure they are stored properly;
 - (iii) number of each type of vaccines required in accordance to the **First Report** or **individual vaccine recipient checking through eHS(S)**;
 - (iv) the place for proper vaccine storage;
 - (v) vaccine delivery arrangement (i.e. delivery date, time and designated staff to receive vaccines).
- b) Submit prescribed vaccine order forms to PMVD **at least 10 working days** before vaccination. VMO should refer to the number of eligible persons from eHS(S) to decide the quantity of vaccines required. If the number of recipients in the institution is large and the vaccination needs to be provided separately for multiple days, VMO can order the vaccines separately according to the day of vaccination in order to reduce the vaccination incident that may result from excessive or poor vaccine storage.
- c) By providing the information on the prescribed vaccine order forms, the VMO is deemed to have accepted the terms and conditions of the RVP. The latest version of Definitions, Terms and Conditions of Agreement, and Schedule can be found on the CHP website (www.chp.gov.hk/en/features/45858.html).
- d) PMVD will contact VMO to confirm the number of vaccines required,

delivery date and address with the corresponding RCH/RCCC/DI. Contact PMVD if VMO cannot receive order confirmation three working days after order submission.

(2) Vaccine storage and cold chain maintenance

- a) Check to ensure that vaccines are ready and properly stored (cold chain is maintained) in RCH/RCCC/DI. Breach in the cold chain will render the vaccine effectiveness. Please follow the guidelines for proper vaccine storage and handling as set out in Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation:

(www.fhb.gov.hk/pho/english/resource/files/Module_on_Immunisation_Children.pdf). Please pay particular attention to the following points:

- (i) strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;
 - (ii) purpose-built vaccine refrigerators (PBVRs) are the preferred means of storage for vaccines;
 - (iii) cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;
 - (iv) the empty shelves, floors, drawers and the door should be filled with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;
 - (v) the temperature of the vaccine fridge should be monitored by a data logger or maximum-minimum thermometer;
 - (vi) the maximum and minimum temperatures of the vaccine storage unit should be checked and recorded regularly (at least twice daily) onto a temperature log sheet, to maintain under cold chain at 2-8°C before administration of vaccines.
- b) In case of temperature excursion (i.e. if vaccines have been exposed to temperatures outside the recommended range), check whether the in-charge of RCH/RCCC/DI has informed PMVD as appropriate. PMVD will contact the manufacturer or drug company to evaluate the stability/effectiveness of the affected vaccines and determine whether they are still serviceable. **Please do not use the affected vaccines until receiving confirmation from PMVD.**

2.4.4. Preparation of vaccination equipment

VMO should liaise with RCHs/RCCCs/DIs to ensure that vaccination equipment is well prepared beforehand and should have the expiry date checked, including:

- (i) sharps boxes;
- (ii) kidney dishes/containers;
- (iii) 70-80% alcohol-based hand rub for hand hygiene;
- (iv) alcohol pads/swabs for skin disinfection before vaccination;
- (v) dry sterile gauze/non-woven balls for post vaccination compression to injection site;
- (vi) relevant documents and stationery as required for vaccination; and
- (vii) emergency equipment.

2.4.5. Preparation of emergency equipment and emergency situation

VMO should prepare emergency equipment and medication that must be ready in vaccination venue, including:

- (i) bag valve mask set (with appropriate mask size);
- (ii) Registered Adrenaline (**1:1,000** dilution) for IM injection with appropriate syringes and needles (at least three 1 ml syringes and at least three 25-32mm length needles) OR adrenaline in pre-filled pen or autoinjector, registered in Hong Kong and unexpired;
- (iii) blood pressure monitor (with appropriate cuff size);
- (iv) protocol for emergency management.



Photo: Examples of essential equipment for emergency at outreach vaccination activity

- a) VMO should be familiar with the protocol for emergency management and resuscitation procedures.
- b) Ensure the personnel involved in vaccination are qualified/ trained to perform vaccination duties. They should also be trained in emergency management of severe immediate reactions and are equipped to do so.
- c) Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Section 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation:
(www.fhb.gov.hk/pho/english/resource/files/Module_on_Immunisation_Children.pdf).

Note: All doctors are advised to carefully read the product information of the vaccines, noting especially the contra-indications, route of administration, dosage and expiry date, storage and handling.

2.4.6. Preparation of clinical waste handling and disposal

Under RVP, VMOs are responsible to arrange collection of clinical waste produced after vaccination activity. Please make appropriate arrangement ahead of time for disposal of clinical waste generated in each vaccination activity.

- a) Handling of clinical waste
 - (i) Regulation of clinical waste handling is under the purview of Environment Protection Department (EPD).
 - (ii) All clinical waste generated (mainly used needles and syringes) should be properly handled and disposed (including proper package, storage and disposal) in accordance to the Waste Disposal (Clinical Waste) (General) Regulation.
 - (iii) Alcohol swabs and cotton wool balls slightly stained with blood, are not clinical waste by legal definition, and should be properly handled and disposed of as general refuse.
 - (iv) For details, please refer to the EPD's Code of Practice (CoP) for the Management of Clinical Waste (Small Clinical Waste Producers) (www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf) or contact EPD

Clinical Waste Hotline at 2835 1055 for any enquiries.

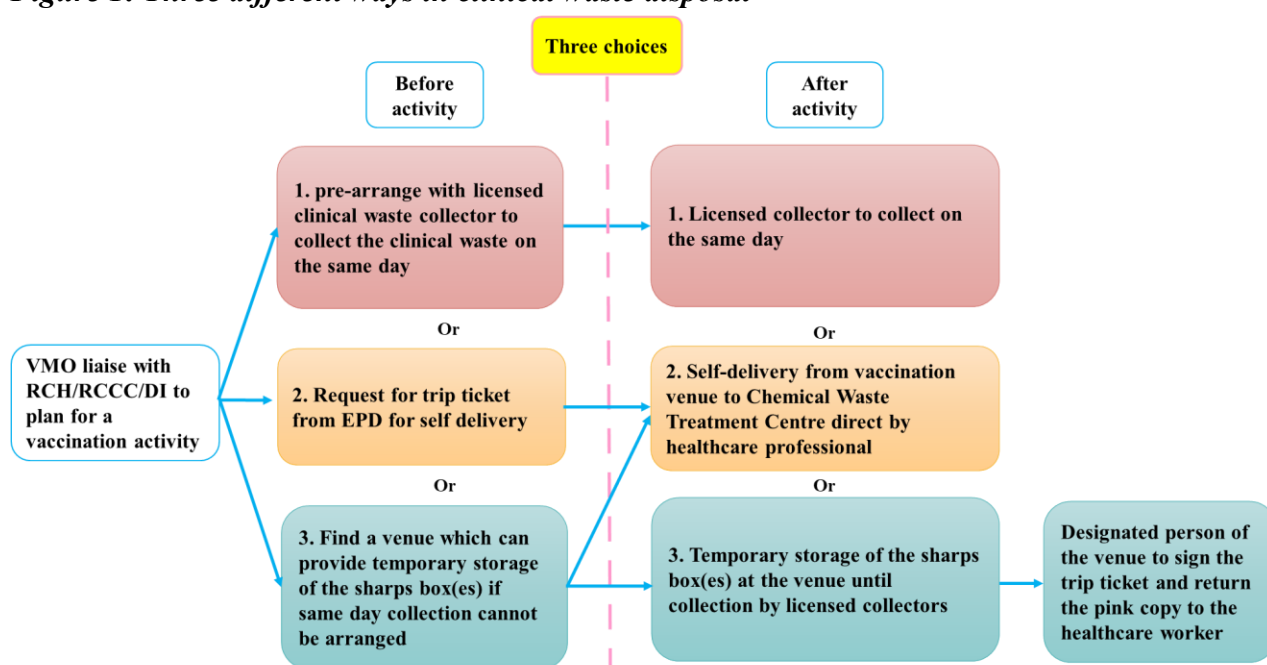
- (v) EPD may also conduct surprise inspection to check any non-compliance of clinical waste management regarding the vaccination activities under RVP.

b) Disposal of clinical waste

- (i) Clinical waste generated should be disposed directly into sharps box(es) with cover. The sharps box(es) should be placed on a flat, firm surface and at an optimal position near the staff providing vaccination.
- (ii) The specifications of a typical sharps box are given in Annex B of Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers) (the CoP) published by the EPD (www.epd.gov.hk/epd/clinicalwaste/en/information.html).
- (iii) Do not overfill sharps box. Dispose sharps box when the disposable sharps reach the warning line (70-80%) for maximum volume. Seal up sharps box afterwards for proper disposal.
- (iv) VMO should pre-arrange and decide method of clinical waste collection and disposal prior to each vaccination activity, and may liaise with the institution for assistance.
- (v) If the institutions cannot dispose the clinical waste in their names for the VMOs, there are **three ways** in clinical waste disposal (also see Figure 1), namely
 - (i) pre-arrange licensed clinical waste collector to collect clinical waste on the same day after the vaccination activity; or
 - Before vaccination day, VMO should contact with licensed clinical waste collectors for pre-arranging clinical waste collection at the end of the activities and liaise with RCHs/RCCCs/DIs about the arrangement.
 - The list of licensed clinical waste collectors is available online at EPD website (http://epic.epd.gov.hk/ca/uid/waste_clinical/p/1).
 - (ii) self-deliver the clinical waste to Tsing Yi Chemical Waste Treatment Centre by healthcare professional on the same day after the activity (Refer to Appendix IV for the details) ; or
 - Before the activity, blank trip tickets have to be obtained from EPD for self-delivery.

- (iii) temporarily store the sharps box(es) in locked and labelled cabinet at the venue until self-delivery or collection by licensed clinical waste collector.
- Please note that a locked and labelled cabinet, proper sanitary conditions, prevention of unauthorized access, designated person of the venue to sign the trip tickets and return the pink copy to the healthcare worker are required.
- (vi) If VMOs still encounter difficulties in clinical waste disposal, they may seek assistance from DH, by completing the request form for Clinical Waste Collection Service under RVP 2020/21 (Appendix VI) and submit to PMVD by 31 May 2021.

Figure 1: Three different ways in clinical waste disposal



- (vii) VMO should obtain a Clinical Waste Producer Premises Codes from the EPD beforehand (unless the institutions agree to assist VMOs in clinical waste disposal). The premises code is needed for completing the clinical waste trip ticket (see example at Figure 2). Please specify “Outreach Service” on the Premises Code Request Form (see example at Figure 3).
- (viii) Please note that premises code for each premises is unique. A separate premises code is required for outreach vaccination activities and must be different from the premises codes for clinic use.

醫療廢物產生者地點編碼申請			
區域辦事處 (東)	(觀塘、黃大仙、西貢、九龍南) 電話: 2756 6188 傳真: 2462 8272	電話: 2755 5518 傳真: 2462 5200	
區域辦事處 (西)	(香港島、離島) 電話: 2660 1760 傳真: 2411 3079	電話: 2516 1718 傳真: 2417 6116	
區域辦事處 (北)	(元朗、沙田、大埔、北區) 電話: 2685 1133 傳真: 2158 5757	電話: 2158 5757	

I 醫療廢物產生者詳情

產生者名稱 _____ (中文) **陳太文診所 (外展服務)** _____ (英文) **Chan Tai Man Clinic (Outreach Service)** _____

聯絡人 _____ (中文) **李欣欣** _____ (英文) **Lee Yan Yan** _____ 職位 _____

聯絡電話 _____ 傳真號碼 _____ 商業登記證號碼 / 身份證編號 (由左至右填) _____
12345678 12345678 XXXXXXXXXX

通訊地址(英文) _____
ABC Headquarter I/F, ABC building, ABC street, HK

II 申請類別 (3種申請類別只可選擇1種)(在適當的方格內加上✓)

☒ **a. 更改現有地點**
Chan Tai Man Clinic, G/F, 123 building, 123 street, HK

☐ **b. 新申請 / 補遺或失地點編碼**
☐ 公立醫院 ☐ 私家醫院 ☐ 公立診所 ☒ 私家診所 ☐ 公立牙科診所
☐ 私家牙科診所 ☐ 護老院/安老院 ☐ 私家醫科化驗所 ☐ 中醫藥化驗所
☐ 藥物學/醫學研究化驗所 ☐ 獸醫診所 ☐ 牙科矯治化驗所
☐ 殮葬 ☐ 醫學美容 ☐ 其他，請註明：_____

☐ **c. 取消或修改資料**
更改資料 / 撤消 / 更改產生者名稱
☐ 第一部份：更改地址
☐ 第二部份：更改廢物產生者名稱
☐ 第三部份：保留資料的地點編碼
☐ 取消 ☐ 保留，若保留請說明理由：_____
取消日期 年 月 日 起
☐ 取消地監編碼
PC ____ R ____ / ____
取消日期 年 月 日 起
取消地監編碼的原因
請註明：_____

*當編碼取消後，將不再適用於安排醫療廢物處理之用。

III 聲明
本人所知及相信，上文中開列的資料，全屬真實無誤。此證。
簽名：_____

正楷姓名：**李欣欣** 公司印鑑：**XXXX**
職位：**護士** 日期：**01/01/2016**

[illegible]

c) Temporary storage of clinical waste

- (i) In case the collection of clinical waste cannot be arranged on the vaccination day, VMOs may liaise with RCH/RCCC/DI before the vaccination day to arrange temporary storage of used sharps box(es) in a locked and labelled cabinet at the venue until collection by licensed clinical waste collector or until the healthcare professional can arrange self-delivery.
- (ii) Clinical waste should not be moved from the premises to another place for storage.
- (iii) Affix a label (see example at Figure 4) on each clinical waste container requiring temporary storage. The label should clearly display:
 - the name of the responsible healthcare worker;
 - name of his/her organisation;
 - emergency contact number;
 - address of waste generation (i.e. the venue address); and
 - the date of sealing.
- (iv) After the sealed container is handed to the venue for temporary storage, it is the responsibility of the designated person of the venue to store the clinical waste properly before collection by licensed clinical waste collector.
- (v) When the licensed clinical waste collector comes to collect clinical waste stored on-site, the designated person of the venue should sign the trip ticket and forward the pink copy of the trip ticket to the healthcare worker for record.
- (vi) According to the Regulation, except to the Chemical Waste Treatment Centre direct, delivery of clinical waste to any other places by healthcare workers (including to their own clinics) is not permitted.
- (vii) The temporary storage area of clinical waste should meet with following requirements and specifications:
 - the storage area should be an independent lockable storage cabinet, locker or drawer, and keep away from the area of food preparation and storage;
 - a warning sign and a label (see example at Figure 5) comprising:
 - the name of the responsible healthcare worker;
 - name of his/her organization; and
 - emergency contact number should be affixed on the door of the storage area.

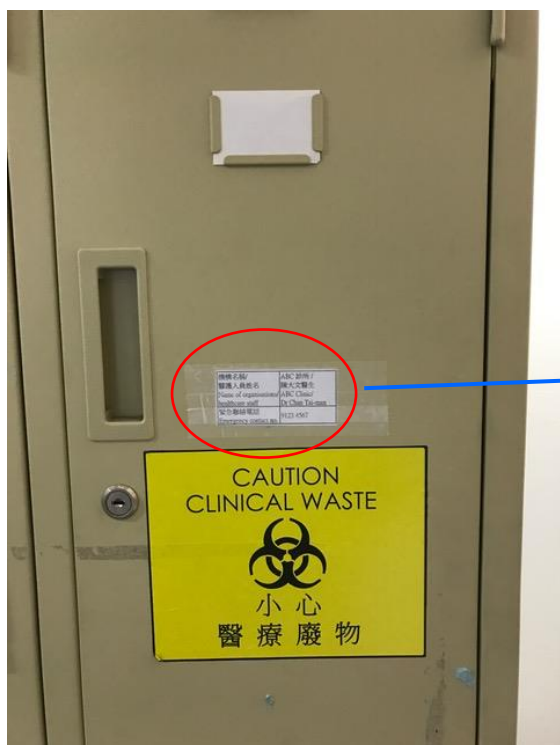
- the warning sign could be obtained from the EPD free of charge;
- any unauthorised access to the temporary storage area should be prohibited.

Figure 4: Example of a labelled clinical waste container (sharps box)



Name of organisations/ healthcare worker	ABC Clinic/ Dr Chan Tai-man
Emergency contact no.	9123 4567
Address of clinical waste generation	ABC Elderly Home, No. 123, XX XXX Street, XX, N.T.
Date of sealing	25/11/2020

Figure 5: Example of warning sign and label on a temporary storage cabinet



Name of organisations/ healthcare worker	ABC Clinic/ Dr Chan Tai-man
Emergency contact no.	9123 4567

d) Record Keeping

- (i) Clinical wastes disposal records in accordance to EPD, doctors must keep the clinical waste disposal records (the pink copy of the Clinical Waste Trip Ticket) for 12 months and to produce such copies to EPD for inspection upon request. EPD may also conduct surprise inspection to check for any non-compliance in clinical waste management in the vaccination activities.
- (ii) Keep record of disposal of vaccines including the date of disposal, quantity, lot number and receipt of disposed vaccines by appropriate agency.

2.5. Ensure proper documentation

It is the responsibility of the VMO to ensure that the following documents are checked or collected before administering vaccines:-

- a) Check the personal identity information in the consent form and confirm his/her eligibility to receive vaccination under RVP. Please refer to Section 1.4 for assessing the eligibility. If the child is not holding a HKID card or a HK Birth Certificate (with their status of permanent resident indicated as “Established”), the child should have a valid travel document showing his/her identity. Please refer to Annex A for samples of identity documents. **No vaccination fee will be paid to a VMO for vaccination given to ineligible recipient.**
- b) Collect the consent form **at least 25 working days before vaccination** from the RCHs//RCCCs/DIs and ensure that it is duly completed and signed.
- c) Check and verify past vaccination records of consented recipients and ascertain the availability of vaccination quota in the eHS(S). This can be done by two methods on eHS(S): 1) Individual Vaccine Recipient OR 2) Excel Batch Upload. **Vaccination given to persons who have no vaccination quota will not be reimbursed.**
- d) Vaccination should not be provided if the past vaccination history and vaccination records of the person in the eHS(S) has not been checked.
- e) If using the Individual Vaccine Recipient method, the VMO should collect and keep all consent forms for at least 7 years for vaccination record checking and PMVD payment checking.
- f) If using the Excel Batch Upload method, the VMO should also bring the Final

Report and 'Onsite Vaccination' list (generated from eHS(S)), and make remarks on the report / list if as and when necessary. The VMO should have a system in place to record that recipients included in the report / list has actually received the vaccination on the scheduled day. The VMO should collect and keep all consent forms for at least 7 years for vaccination record checking and PMVD payment checking.

- g) Claims should only be made after vaccination has been given.
- h) The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is clearly and accurately marked on the
 - i. recipient's vaccination record/card;
 - ii. consent form and clinical notes (if any);
 - iii. onsite vaccination list (if any); and
 - iv. eHealth (Subsidies) account.
- i) Since the signing of consent form does not equate receiving vaccination, the doctor should submit claims after the vaccination.
- j) To ensure accuracy of records and prevent duplication of vaccination, VMO is required to log on to the eHS(S) to make claims of vaccination fee under the scheme 'RVP' **WITHIN SEVEN DAYS** counting from the date of vaccination.
- k) For the completeness of vaccination records kept in the eHS(S), VMOs are strongly advised to input all relevant records within seven days after conducting the vaccination even though the vaccination service is provided as volunteer service.
- l) All vaccinations given should be clearly documented on vaccination record/the recipient's handheld personal copy of vaccination card which is kept by the vaccine recipient or his/her parent/guardian.

2.6. Vaccination procedure and infection control practice

- a) Before the day of vaccination, check with the In-charge of RCH/RCCC/DI that vaccines and necessary manpower are available before vaccination; and ensure that the vaccination equipment are well prepared.
- b) Confirm with RCH/RCCC/DI that the vaccination area is well ventilated, adequately lighted and clean.
- c) On the day of vaccination, the **original consent forms should be made available in RCH/RCCC/DI** and be distributed to individual persons for checking right before vaccination.

- d) Vaccination history of recipients and their eligibility status should be verified by **all means** before vaccination, such as:
 - (i) counter-checking personal identity against the **consent form**;
 - (ii) checking the recipients' names are on the **consent list** (Final Report) and **onsite vaccination list** generated from eHS(S) if using Excel batch upload method;
 - (iii) inspecting the vaccination records on **vaccination cards** (in any); and
 - (iv) **asking** recipients and/or their relatives for **vaccination history**.
- e) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.
- f) Explain to the recipients and/or his/her parent/guardian/relative the possible side effects of vaccination and post-vaccination management.
- g) Infection control practice must be complied by all personnel.
 - (i) When having fever and/or respiratory symptoms etc, refrain from providing vaccination services and seek medical advice.
 - (ii) Surgical masks should be worn at all times during the vaccination activity. Please refer to Personal Protective Equipment Section of Infection Control Branch Infection Control Guidelines for Personal Protective Equipment indications and usage (www.chp.gov.hk/en/resources/346/365.html).
 - (iii) For RCH, vaccination should be given to residents at the bedside.
 - (iv) For DI, all participants need to keep appropriate distancing (i.e. at least 1 metre between persons who need to wear masks) at waiting area, vaccination area, while queuing and taking part in other activities if any. Temperature checking for participants should be in place before entering the premises for vaccination. All participants should wear a mask and practice hand hygiene.
 - (v) Hand hygiene practice should be adopted and strictly followed during vaccination procedure (please refer to Annex B).
 - (vi) Wearing gloves cannot replace hand hygiene. If gloves are used, they should be changed after each vaccination and hand hygiene should be performed before putting on new gloves.
 - (vii) Use a new alcohol prep/ alcohol swab for skin disinfection and allow the site to DRY completely before vaccination, and use a new dry sterile gauze/non-woven ball for post vaccination compression of injection site.

- (viii) Wipe the vaccination area from centre outwards, without touching the same area repeatedly.
 - (ix) Do not pre-soak cotton wool in a container as it will be contaminated with the hand and environmental bacteria.
 - (x) For more details about infection control guidelines, please refer to the Infection Control Corner at CHP website (www.chp.gov.hk/en/resources/346/index.html).
- h) Checking of vaccines and rights of medication administration should be adopted, including:
- (i) 3 checks: when taking out the vaccine from storage, before preparing the vaccine and before administering the vaccine
 - (ii) 7 rights:
 - The right patient;
 - The right vaccine or diluent;
 - The right time (e.g. correct age, correct interval, vaccine not expired);
 - The right dosage (Confirm appropriateness of dose by using current drug insert as reference.);
 - The right route, needle length and technique;
 - The right site; and
 - The right documentation (e.g. Document the name of recipient, vaccine provider, vaccine type/ name and date of vaccination on the vaccination card.)
 - i) Administer vaccination and mark the date of vaccination on the consent form immediately.
 - j) All vaccinations given should be clearly documented on a vaccination record/the recipient's handheld vaccination card, which is kept by the vaccine recipient or his/her parent/guardian.
 - k) Sign and mark down date of vaccination on the 'Onsite Vaccination' List generated from eHS(S).
 - l) Observe recipient's condition after vaccination and report suspected serious/unusual adverse drug reactions to the Drug Office of the DH if such cases occur. Please refer to the website of Drug Office for the Reporting Guidelines and ADR Report form at:

www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

- m) Report to PMVD (Tel: 2125 2125) immediately (i.e. within 24 hours or next working day) of any vaccination incidents, including but not limited to double doses of vaccination, wrong vaccine given, vaccination given to an ineligible person or to an eligible person without consent, etc.
- n) Please refer to Appendix II for the flow chart of providing vaccination service under RVP.

3. The eHealth System (Subsidies)

3.1. The database of VMOs and vaccination recipients

The eHS(S) will establish a database of VMOs. The System will also build up a database of individual eligible persons who have received vaccination under RVP. In order to facilitate VMOs to get familiar with various enhanced functions of the system, an online “Easy Guide” is now available through the service provider platform at <https://apps.hcv.gov.hk/en/index.htm>. You are also welcome to contact the PMVD for enquiries related to the eHS(S).

3.2. Activation of “Service Provider Account”

If enrolment application is successful, the VMOs will receive a confirmation letter and an electronic mail providing a hyperlink to the website for activation of the “Service Provider Account” or access to eHS(S) (service provider platform). For those who already have an account, they can use the original account for any newly enrolled scheme(s). For those who have not previously had a “Service Provider Account”, an authentication token will be sent together with the confirmation letter. The VMO should activate the account after the token and the letter are received.

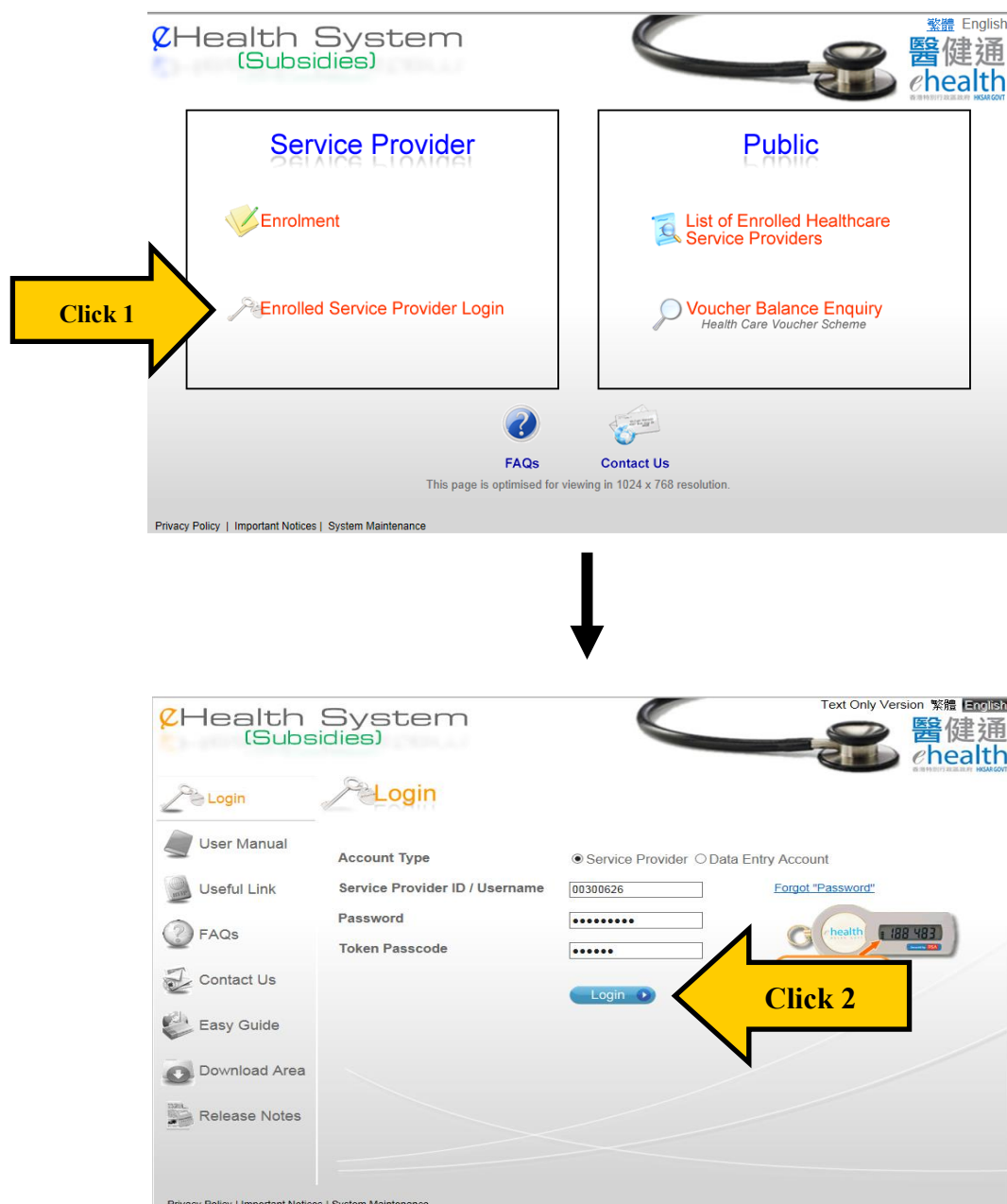
To activate the “Service Provider Account”, a VMO should: –

- a) Check the electronic mail;
- b) Click on the hyperlink provided in the electronic mail for accessing the designated webpage; and
- c) Enter the following information into the data field of the webpage: –
 - (i) Service Provider ID (shown on the confirmation letter);
 - (ii) Token passcode (shown on the authentication token); and
 - (iii) New password for accessing the Service Provider account in the future.

Activation of the account should be done **within 21 days** from the date of issuance of the confirmation letter.

3.3. System login

VMO can access to the eHS(S) for operation at <https://apps.hcv.gov.hk/en/index.htm> and select “Service Provider Login”. Enter his/her Service Provider ID, password and token passcode to complete login process.



If the password or token passcode is not correct after 5 attempts, the account will be locked and no further attempt is allowed. VMO will have to contact the PMVD for unlocking the account (see Section 3.15).

3.4. Creating “Data Entry Account”

For each VMO, a “Service Provider Account” will be created. The VMO can log in the eHS(S) with his/her Service Provider ID, password and the authentication token.

To facilitate administrative work for claim processing and reimbursement accounting, the VMO can create “Data Entry Account” for delegating the data management work to data entry clerks.

The VMO can assign user ID and password to “Data Entry Account” created under his/her “Service Provider Account”. The data entry clerks will be able to log on the eHS(S) using his/her assigned user ID and corresponding password. Authentication token is not required for accessing “Data Entry Account”.

The “Data Entry Account” will allow certain data management work (such as search/retrieve vaccination recipient eHS(S) accounts, create accounts, and register transaction information) but with limited authority. The transactions registered through the “Data Entry Account” need to be confirmed by the VMOs, before they can be passed for reimbursement processing. The VMO should log in the eHS(S) (using his/her Service Provider ID and authentication token) for checking and confirming the eHS(S) accounts being created and claim information entered through the “Data Entry Account”.

The eHS(S) also allows VMO to suspend, lock or unlock the created data entry accounts by clicking the “Data Entry Account Maintenance”.

The screenshot displays the eHS(S) user interface. On the left is a vertical menu with the following items: Claim, Vaccination Record Enquiry, Vaccination File Management, Record Confirmation, Claim Transaction Management, eHealth (Subsidies) Account Rectification, Monthly Statement, **My Profile** (circled in blue), and User Manual. The main content area is divided into three sections: 'Login Information' showing 'Last Successful Login: 16 Oct 2019 21:03' and 'Last Failure Login: 16 Oct 2019 20:10'; 'What's New' with a reminder dated 30 Sep 2019 about Smart ID card readers; and 'Task List' which contains a red alert: 'Temporary eHealth (Subsidies) Account Pending Rectification'. A yellow arrow labeled 'Click 1' points to this alert, and a black arrow points downwards from the arrow's tail.

eHealth System - My Profile - Windows Internet Explorer

● Data Entry Account List

	Username
1	DE1_5342
2	DE2_5342

● Data Entry Account Information

● Login Information

Username

Username tips
1. Username length: 4 - 20 characters

Practice

☐ United Health Service

☐ Ho Tai Fu Clinic

☐ Ho Tai Fu Clinic (HMT)

☐ Ho Tao Fi Clinic (Waterloo)

☐ Ho Tai Fu Clinic (Butterfly Estate)

● Password Settings

New Password

Confirm Password

Web password tips
1. Contains at least 3 of the following 4 character groups.
- English uppercase characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, \$, #, %)
2. Password length: 8 - 20 digits
3. Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password

● Account Status

Account Status ☐ Suspended

Account Locked ☐ Locked

Add

Click 2

eHealth System - My Profile - Windows Internet Explorer

● Data Entry Account List

	Username
1	DE1_5342
2	DE2_5342

● Data Entry Account Information

● Login Information

Username

Username tips
1. Username length: 4 - 20 characters

Practice

☐ United Health Service

☐ Ho Tai Fu Clinic

☐ Ho Tai Fu Clinic (HMT)

☐ Ho Tao Fi Clinic (Waterloo)

☒ Ho Tai Fu Clinic (Butterfly Estate)

● Password Settings

New Password Poor >> Moderate >> Strong

Confirm Password

Web password tips
1. Contains at least 3 of the following 4 character groups.
- English uppercase characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, \$, #, %)
2. Password length: 8 - 20 digits
3. Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password

● Account Status

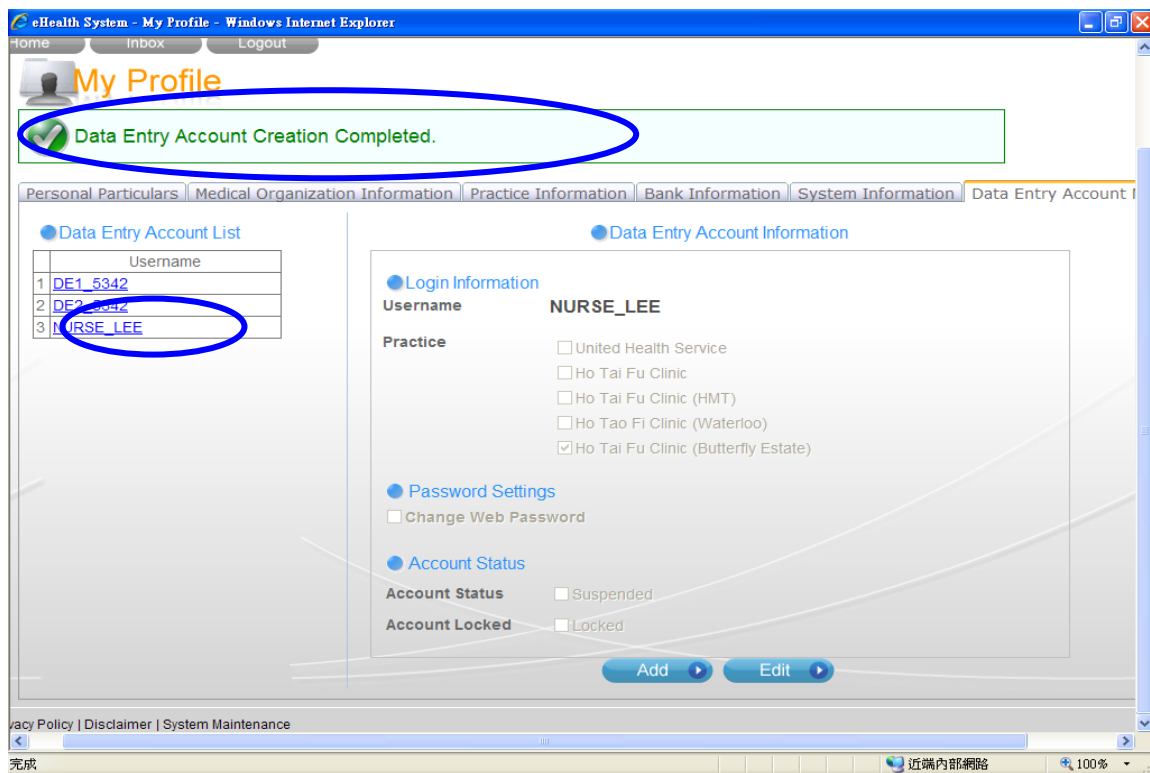
Account Status ☐ Suspended

Account Locked ☐ Locked

Cancel **Save**

Select the practice for the data entry account.

Press "Save" to add Data Entry Account.



3.5. Procedures of Records Checking, eH(S)A Creation / Rectification and Claims Submission for Individual Vaccine Recipient

3.5.1. Viewing electronic vaccination record

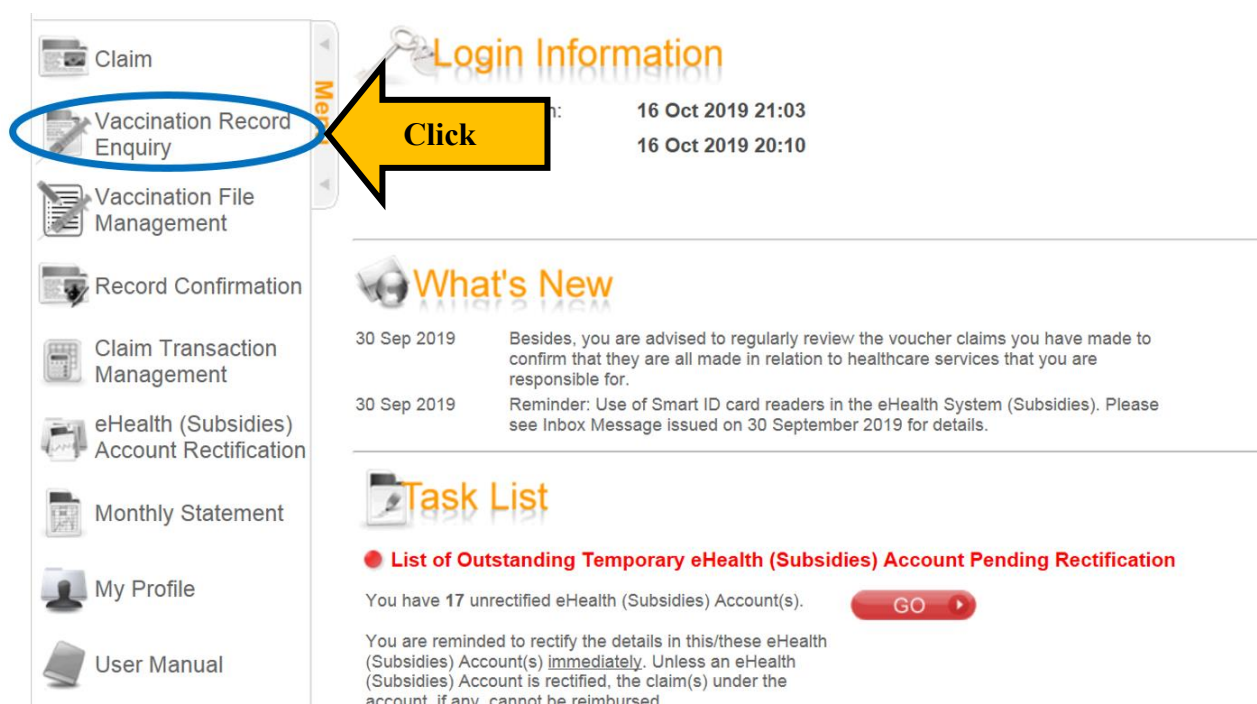
VMO should check the recipient's electronic vaccination record in the eHS(S) before providing vaccination to avoid duplication of vaccination. VMO should never provide vaccination to recipient if the recipient's vaccination record has not been checked in the eHS(S).

Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. VMO should note that vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

Electronic vaccination record shows the vaccine recipient's vaccination history from both eHS(S) and the Hospital Authority's database. The record can be retrieved through "Vaccination Record Enquiry" or can be viewed after logging into vaccine recipient's e account.

To view the electronic vaccination record of an eligible recipient, the VMO is required to: –

- a) Collect the “Vaccination Consent Form” of the recipient from the RCH/RCCC/DI (it is essential that the consent form should be duly completed and the information on it is correct);
- b) Counter-check with RCH/RCCC/DI in-charge the HKIC/Certificate of Exemption/ other valid documents shown on the consent form of the vaccine recipient to verify the information is correct;
- c) Log in to eHS(S) and select the “Vaccination Record Enquiry” function;
- d) Use the identity information provided in the consent form to search for the vaccination record of the eligible person;
- e) Verify the eligible person’s past vaccination history and vaccination records in eHS(S) and decide whether vaccination is needed; and
- f) Categorise the recipient according to their eligibility for seasonal influenza and pneumococcal vaccination.
- g) If the vaccine recipient does not have an eHealth (Subsidies) account, the VMO should input the information required in the system in respect of the eligible person to create an eHealth (Subsidies) account (see Section 3.5.2);



Vaccination Record Enquiry

Search Account

Document Type

- ☒ Hong Kong Identity Card
- ☐ Hong Kong Birth Certificate (Established)
- ☐ Non-Hong Kong Travel Documents
- ☐ Certificate of Exemption
- ☐ Hong Kong Re-entry Permit
- ☐ Certificate issued by the Births and Deaths Registry for adopted children
- ☐ Document of Identity
- ☐ Permit to Remain in HKSAR (ID 235B)

Please input information OR read Smart ID Card to search eHealth Account [Help](#)

HKIC No. OR 

Date of Birth

[Search](#) [Read Card and Search](#)



Vaccination Record Enquiry

Confirm Recipient Information

Recipient Information

Document Type: Hong Kong Identity Card

HKIC No.: D123456(1)

DOB: 08-08-1930

Name in English: CHAN, TAI MAN

Gender: Male

[Back](#) [Proceed to Enquiry](#)



Vaccination Record Enquiry

Recipient Information

Document Type: Hong Kong Identity Card

Name: CHAN, TAI MAN

HKIC No.: D123456(1)

Date of Birth / Gender: 08-08-1930 / Male

Vaccination Record

No. of records: eHealth System (2) Hospital Authority

	Injection Date	Vaccine	Dose	Information Provider	Remarks
1	15 Jul 2010	Seasonal influenza 2010/2011	N/A	Residential Care Home (eHS)	
2	15 Jul 2010	Pneumococcal (23vPPV)	N/A	Residential Care Home (eHS)	

Page 1 of 1 (2 items)

Disclaimer

The immunization record shown on this page (only include pneumococcal vaccination, seasonal influenza vaccination and human swine influenza vaccination) is to the best knowledge of the information provider and may not be exhaustive. Service Provider is advised to verify the vaccination history with the patient before administering the vaccine.

[Return](#) [Proceed to Claim](#)

[Privacy Policy](#) | [Important Notices](#) | [System Maintenance](#)



院舍編號	
(由院舍填寫)	

過往接種記錄	最近一次接種日期 (月/年)
季節性流感疫苗	/
13 價肺炎球菌結合疫苗	/
23 價肺炎球菌多醣疫苗	/
(由到診註冊醫生填寫)	



醫健通 (資助) 系統交易編號	
1. TR	
2. TR	
接種記錄	2020/21 接種日期 (日/月/年)
季節性流感疫苗 (單劑 / 第一劑)	/ /
季節性流感疫苗 (第二劑 (如適用))	/ /
13 價肺炎球菌結合疫苗	/ /
23 價肺炎球菌多醣疫苗	/ /
到診註冊醫生姓名:	

注意：1. 請用黑色或藍色筆以正楷填寫本同意書。

2. 填妥的同意書需於接種日期最少二十五個工作天前交予到診註冊醫生，以透過醫健通 (資助) 系統查核服務使用者的疫苗接種記錄。

3. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。

甲部 服務使用者個人資料 (以身份證明文件所載者為準)

3.5.2. Retrieving/Creating eHealth (Subsidies) account

To retrieve/create an eHealth (Subsidies) account for vaccine recipient, the VMO is required to: –

- Collect the “Vaccination Consent Form” of the recipient from the RCH/RCCC/DI (it is essential that the consent form should be duly completed);
- Counter-check with RCH/RCCC/DI in-charge the HKIC/Certificate of Exemption/ other valid documents shown on consent form of the vaccine recipient to verify the information is correct;
- Search in eHS(S) to see if the validated eHealth (Subsidies) account of the eligible recipient already exists;
- If no existing eHealth (Subsidies) account can be found in eHS(S), input the required information of the eligible recipient into eHS(S) manually to create an eHealth (Subsidies) account; and
- Upon submission of the information to eHS(S), a “temporary” eHealth (Subsidies) account will be created for the eligible recipient.

Claim

Vaccination Record Enquiry

Vaccination File Management

Record Confirmation

Claim Transaction Management

eHealth (Subsidies) Account Rectification

Monthly Statement

My Profile

User Manual

Login Information

Login: 16 Oct 2019 21:03
 16 Oct 2019 20:10

What's New

30 Sep 2019 Besides, you are advised to regularly review the voucher claims you have made to confirm that they are all made in relation to healthcare services that you are responsible for.
 30 Sep 2019 Reminder: Use of Smart ID card readers in the eHealth System (Subsidies). Please see Inbox Message issued on 30 September 2019 for details.

Task List

List of Outstanding Temporary eHealth (Subsidies) Account Pending Rectification
 You have 17 unrectified eHealth (Subsidies) Account(s). [GO](#)
 You are reminded to rectify the details in this/these eHealth (Subsidies) Account(s) immediately. Unless an eHealth (Subsidies) Account is rectified, the claim(s) under the account if any, cannot be reimbursed.



Claim

>>>1. Search Account 2. Enter Details 3. Complete Claim
Search Account
 Practice RCHD (1)
 Scheme Residential Care Home Vaccination Programme
 Pre-filled Consent No. PXXXXX- [GO](#)

Document Type
☒ Hong Kong Identity Card
☐ Hong Kong Birth Certificate (Established)
☐ Non-Hong Kong Travel Documents

☐ Certificate of Exemption
☐ Hong Kong Re-entry Permit
☐ Certificate issued by the Births and Deaths Registry for adopted children

☐ Document of Identity
☐ Permit to Remain in HKSAR (ID 235B)

Please input information OR read Smart ID Card to search eHealth Account [Help](#)
 HKIC No. D123456(1) OR
 Date of Birth 08-08-1930
[Search](#) [Read Card and Search](#)

Select

Enter Information

Click

Select

RVP



Claim

>>>1. Search Account 2. Enter Details 3. Complete Claim
 >>>1a. Get Consent 1b. Enter Details 1c. Complete Creation

Temporary eHealth Account Creation

● Search Information

Document Type Hong Kong Identity Card
 HKIC No. D123456(1)
 DOB 08-08-1930

There is no record of this account. Please obtain consent from the applicant to provide personal information to create a temporary account.

Cancel x Create Account ▶ **Click**



Claim

>>>1. Search Account 2. Enter Details 3. Complete Claim
 1a. Get Consent >>> 1b. Enter Details 1c. Complete Creation

Enter Details

Current Practice RCHD (1)
 Please enter the account information shown on Hong Kong Identity Card. Help

香港永久性居民身份證
 HONG KONG PERMANENT IDENTITY CARD
 樣本 SAMPLE

CHAN, TAI MAN

7115 1129 2429 Chinese Name

出生日期 Date of Birth 08-08-1930 Female Male

***A Z
 簽發日期 Date of Issue (01-79) 01-01-08 D123456(1)

Cancel x Next ▶ **Click**

Enter Information



Claim

>>>1. Search Account 2. Enter Details 3. Complete Claim
 1a. Get Consent 1b. Enter Details >>> 1c. Complete Creation

✓ Temporary eHealth Account has been created!

● Account Information

Reference No. C12718-45-9
 eHealth Account Creation Time 18 Jul 2012 12:39
 Document Type Hong Kong Identity Card
 Name CHAN, TAI MAN (陳大文)
 DOB 08-08-1930
 Gender Male
 Date of Issue 01-01-08
 HKIC No. D123456(1)

Proceed to Claim ▶ Next Creation ▶ **Click**

3.5.3. Rectification of individual temporary eHealth (Subsidies) account information that failed validation

Upon receiving notification about failed validation of the “temporary” eHealth (Subsidies) account, VMOs are required to verify the personal particulars for the corresponding vaccine recipient’s account and rectify the relevant information in the eHS(S) accordingly. Otherwise, the claims for the vaccination fee related to the record in question will not be processed and the claim cannot be reimbursed.

The screenshot displays the eHealth (Subsidies) system interface. On the left is a vertical menu with icons and labels: Claim, Vaccination Record Enquiry, Vaccination File Management, Record Confirmation, Claim Transaction Management, eHealth (Subsidies) Account Rectification, Monthly Statement, My Profile, and User Manual. The main content area is divided into sections: 'Login Information' showing 'Last Successful Login: 16 Oct 2019 21:03' and 'Last Failure Login: 16 Oct 2019 20:10'; 'What's New' with two entries dated 30 Sep 2019; and 'Task List'. The 'Task List' section contains a red-bordered box with the heading 'List of Outstanding Temporary eHealth (Subsidies) Account Pending Rectification'. Inside this box, it states 'You have 17 unrectified eHealth (Subsidies) Account(s).', followed by a red 'GO' button and a yellow arrow pointing left with the word 'Click'. Below the arrow, a reminder text states: 'You are reminded to rectify the details in this/these eHealth (Subsidies) Account(s) immediately. Unless an eHealth (Subsidies) Account is rectified, the claim(s) under the account, if any, cannot be reimbursed.'



Status	Subject	Receive Date
☐	Notice to rectify details in eHealth account	14 Oct 2009 21:17
☐	更正「醫健通戶口」的資料	14 Oct 2009 20:38
☐	醫療券計劃付還通知	14 Oct 2009 17:24
☐	更正「臨時醫療券使用者戶口」的資料	14 Oct 2009 17:24
☐	更正「臨時醫療券使用者戶口」的資料	14 Oct 2009 14:35
☐	更正「臨時醫療券使用者戶口」的資料	02 Oct 2009 00:40
☐	更正「臨時醫療券使用者戶口」的資料	01 Oct 2009 06:01
☐	Discontinued use of "Voucher Account Creation Form" and other amendments to the "HCVS Terms and Conditions of Agreement" 終止使用「開設醫療券戶口表格」及其他「醫療券計劃協議的條款和條件」的修訂	01 Sep 2009 01:57
☐	Temporary service suspension for System upgrade on 01 Sept 2009 (Tuesday) / 2009年9月1日(星期二) 暫停服務，以進行系統提升	25 Aug 2009 19:25
☐	Reimbursement of voucher claims/付還醫療券申報金額	25 Aug 2009 19:19

1 2 Page 1 of 2 (17 items)

Delete Note: The message(s) will be kept for 180 days.

Subject	Content
Notice to rectify details in eHealth account	現特告知，你在開設醫健通戶口時填寫的部分資料未獲確認。請查閱工作列並更正資料，否則任何在此等醫健通戶口名下申報的金額將不獲發還。 多謝合作。 衛生署 Please be informed that some details of the eHealth account(s) created by you cannot be validated. Please check the Task List and rectify the information. Otherwise the claim(s) under this/these account(s), if any, cannot be reimbursed. Thank you for your cooperation. Department of Health

Claim
 Vaccination Record Enquiry
 Vaccination File Management
 Record Confirmation
 Claim Transaction Management
 eHealth (Subsidies) Account Rectification
 Monthly Statement
 My Profile
 User Manual

Menu

Login Information

Last Successful Login: **16 Oct 2019 21:03**

Last Failure Login: **16 Oct 2019 20:10**

What's New

30 confirm that they are all made in relation to neaincare services that you are responsible for.

30 Sep 2019 Reminder: Use of Smart ID card readers in the eHealth System (Subsidies). Please see Inbox Message issued on 30 September 2019 for details.

Task List

List of Outstanding Temporary eHealth (Subsidies) Account Pending Rectification

You have 17 unrectified eHealth (Subsidies) Account(s). [GO](#)

You are reminded to rectify the details in this/these eHealth (Subsidies) Account(s) immediately. Unless an eHealth (Subsidies) Account is rectified, the claim(s) under the account, if any, cannot be reimbursed.





eHealth (Subsidies) Account Rectification



Rectification completed. Details to be further verified by Immigration Department.

Return

If the relevant transactions still cannot be resolved through the eHS(S) after rectification, you may need to provide the necessary documents to the PMVD for arranging payment manually. Please contact PMVD for detailed arrangement.

In case of prolonged failure to rectify the temporary eHealth (Subsidies) account information, the temporary eHealth (Subsidies) account will be deleted by the system and the claim related to the account in question may be voided.

3.5.4. Claiming vaccination fee

Having created an eHealth (Subsidies) account, the VMO can claim the vaccination fee **after the vaccination has been provided**. The VMO is required to:-

- Log in the eHS(S) and select the Claim function;
- If there are more than one enrolled practices, select practice to proceed;
- Search in the eHS(S) using the information of the “Vaccination Consent Form” to see if the validated eHealth (Subsidies) account of the eligible recipient already exists;
- If a validated eHealth (Subsidies) account is found, verify the details and confirm the account;
- If no existing eHealth (Subsidies) account can be found in eHS(S), use the temporary eHealth (Subsidies) account previously created during checking of vaccination record of the eligible recipient to claim the vaccination fee;
- Enter claim information such as the vaccine (e.g. seasonal influenza and/or pneumococcal vaccine(s)) administered. (Claims have to be submitted in the eHS(S) within SEVEN days counting from the day of vaccination.); and
- Any claim for vaccination fee not made within seven calendar days counting from the day of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any

vaccination fee to a VMO or its Associated Organization for such late claim.

Claim

Login Information

Last Successful Login: 16 Oct 2019 21:03
Last Failure Login: 16 Oct 2019 20:10

What's New

30 Sep 2019 Besides, you are advised to regularly review the voucher claims you have made to confirm that they are all made in relation to healthcare services that you are responsible for.
30 Sep 2019 Reminder: Use of Smart ID card readers in the eHealth System (Subsidies). Please see Inbox Message issued on 30 September 2019 for details.

Task List

List of Outstanding Temporary eHealth (Subsidies) Account Pending Rectification

You have 17 unrectified eHealth (Subsidies) Account(s). **GO**

You are reminded to rectify the details in this/these eHealth (Subsidies) Account(s) immediately. Unless an eHealth (Subsidies) Account is rectified, the claim(s) under the account, if any, cannot be reimbursed.

Claim

>>>1. Search Account 2. Enter Details 3. Complete Claim
>>>1a. Get Consent 1b. Enter Details 1c. Complete Creation

Temporary eHealth Account Creation

Search Information

Document Type Hong Kong Identity Card
HKIC No. D123456(1)
DOB 08-08-1930

There is no record of this account. Please obtain consent from the applicant to provide personal information to create a temporary account.

Click

Claim

>>>1. Search Account 2. Enter Details 3. Complete Claim

Search Account

Practice RCHD (1)
Scheme Residential Care Home Vaccination Programme

Pre-filled Consent No. PXXXXX **GO**

Select

Document Type

☒ Hong Kong Identity Card
☐ Hong Kong Birth Certificate (Established)
☐ Non-Hong Kong Travel Documents

☐ Certificate of Exemption
☐ Hong Kong Re-entry Permit
☐ Certificate issued by the Births and Deaths Registry for adopted children

☐ Document of Identity
☐ Permit to Remain in HKSAR (ID 235B)

Please input information OR read Smart ID Card to search eHealth Account **Help**

HKIC No. D123456(1) OR
Date of Birth 08-08-1930

Select

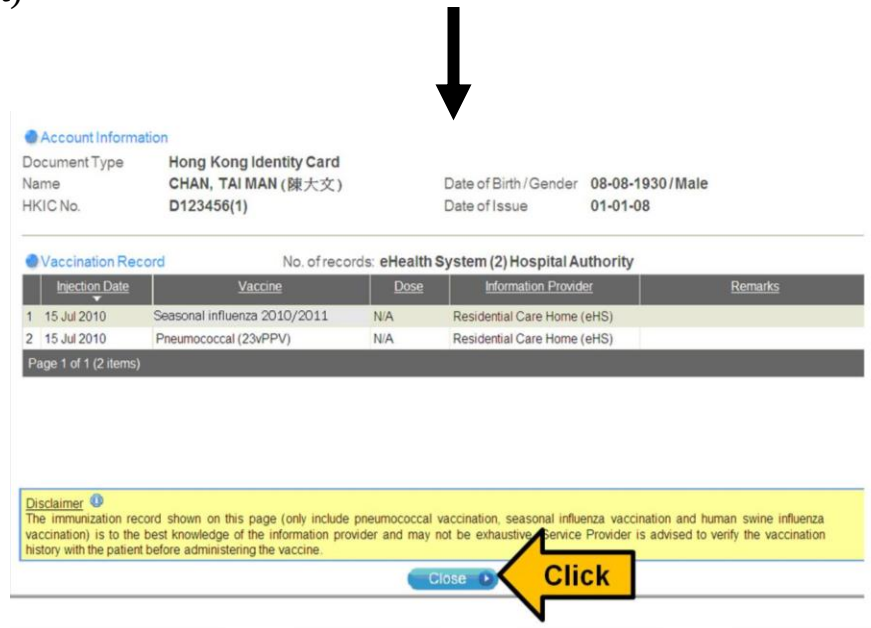
Enter Information

Click

Search **Read Card and Search**

RVP

(See Section 3.5.2 “Retrieve/Creating eHealth (Subsidies) account for vaccine recipient)



Account Information

Document Type: Hong Kong Identity Card
 Name: CHAN, TAI MAN (陳太文)
 HKIC No.: D123456(1)
 Date of Birth / Gender: 08-08-1930 / Male
 Date of Issue: 01-01-08

Vaccination Record No. of records: eHealth System (2) Hospital Authority

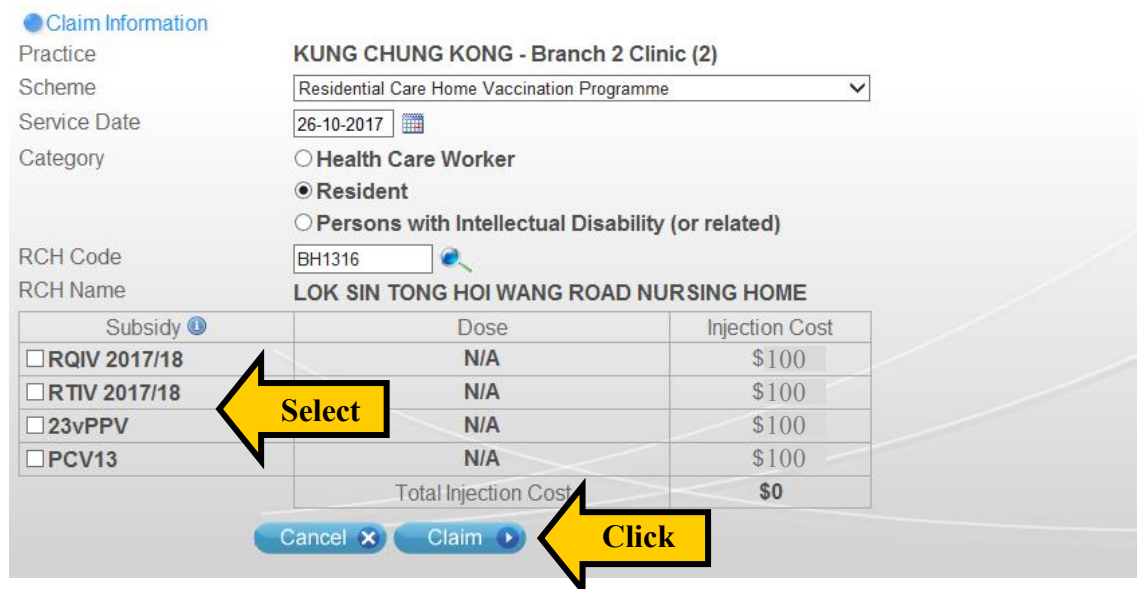
Injection Date	Vaccine	Dose	Information Provider	Remarks
1 15 Jul 2010	Seasonal influenza 2010/2011	N/A	Residential Care Home (eHS)	
2 15 Jul 2010	Pneumococcal (23vPPV)	N/A	Residential Care Home (eHS)	

Page 1 of 1 (2 items)

Disclaimer
 The immunization record shown on this page (only include pneumococcal vaccination, seasonal influenza vaccination and human swine influenza vaccination) is to the best knowledge of the information provider and may not be exhaustive. Service Provider is advised to verify the vaccination history with the patient before administering the vaccine.

Close Click

(For recipients who have never received 23vPPV and PCV13)



Claim Information

Practice: KUNG CHUNG KONG - Branch 2 Clinic (2)
 Scheme: Residential Care Home Vaccination Programme
 Service Date: 26-10-2017
 Category: ☐ Health Care Worker ☒ Resident ☐ Persons with Intellectual Disability (or related)
 RCH Code: BH1316
 RCH Name: LOK SIN TONG HOI WANG ROAD NURSING HOME

Subsidy	Dose	Injection Cost
☐ RQIV 2017/18	N/A	\$100
☐ RTIV 2017/18	N/A	\$100
☐ 23vPPV	N/A	\$100
☐ PCV13	N/A	\$100
Total Injection Cost		\$0

Cancel Claim Click

OR

(For recipients who have received 23vPPV or PCV13)

Claim Information

Practice: KUNG CHUNG KONG - Branch 2 Clinic (2)

Scheme: Residential Care Home Vaccination Programme

Service Date: 25-10-2017

Category: ☐ Health Care Worker ☒ Resident ☐ Persons with Intellectual Disability (or related)

RCH Code: BH1316

RCH Name: LOK SIN TONG HOI WANG ROAD NURSING HOME

Subsidy	Dose	Injection Cost	Remarks
☐ RQIV 2017/18	N/A	\$100	
☐ RTIV 2017/18	N/A	\$100	
☐ 23vPPV	N/A	\$100	Vaccinated
☐ PCV13	N/A	\$100	Not eligible (Detail)
Total Injection Cost		\$0	

[Cancel](#) [Claim](#)



Claim

1. Search Account 2. Enter Details >>> 3. Complete Claim

Claim completed! Please record the Transaction No. to Consent Form.

Account Information

Document Type: Hong Kong Identity Card

Name: CHAN, TAI MAN (陳大文) Date of Birth / Gender: 08-08-1930 / Male

HKIC No.: D123XXX(X) Date of Issue: 01-01-08

Claim Information

Transaction No.: **TR12718-5-8**

Transaction Time: 18 Jul 2012 12:50

Scheme: Residential Care Home Vaccination Programme

Transaction Status: Pending eHealth Account Validation

Service Date: 18 JUL 2011

Practice: SAI PAK Clinic (1)

Bank Account No.: 001-X0X-X00X42X

Service Type: Registered Medical Practitioners

Category: Resident

RCH code: BH 1000

RCH name: HONG KONG RESIDENTIAL CARE HOME FOR THE ELDERLY

Subsidy	Dose	Amount	Remarks
RSIV	N/A	\$100	Injection Cost \$100
Total Amount		\$100	

[Next Claim](#) [Claim For Same Patient](#)



院舍編號
(由院舍填寫)

過往接種記錄	最近一次接種日期 (月/年)
季節性流感疫苗	/
13 價肺炎球菌結合疫苗	/
23 價肺炎球菌多醣疫苗	/
(由到診註冊醫生填寫)	



醫健通 (資助) 系統交易編號	
1. TR	
2. TR	
接種記錄	2020/21 接種日期 (日/月/年)
季節性流感疫苗 (單劑 / 第一劑)	/ /
季節性流感疫苗 (第二劑 (如適用))	/ /
13 價肺炎球菌結合疫苗	/ /
23 價肺炎球菌多醣疫苗	/ /
到診註冊醫生姓名:	

- 注意：1. 請用黑色或藍色筆以正楷填寫本同意書。
2. 填妥的同意書需於接種日期最少二十五個工作天前交予到診註冊醫生，以透過醫健通（資助）系統查核服務使用者的疫苗接種記錄。
3. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。

甲部 服務使用者個人資料 (以身份證明文件所載者為準)

3.5.5. Confirming the transaction record

If the claim is entered by the VMO's delegates using "Data Entry Account", the VMO is required to log on to the eHS(S) at the end of each day's session, using his/her Service Provider ID, password and authentication token, to review and confirm the transaction records registered by his/her delegates using the "Data Entry Account". (For data entry account creation, please refer to Section 3.4).

Menu

- Claim
- Vaccination Record Enquiry
- Vaccination File Management
- Record Confirmation**
- Claim Transaction Management
- eHealth (Subsidies) Account Rectification
- Monthly Statement
- My Profile
- User Manual

Login Information

Last Successful Login: 16 Oct 2019 21:03
Last Failure Login: 16 Oct 2019 20:10

What's New

30 Sep 2019 Besides, you are advised to confirm that they are all responsible for.
30 Sep 2019 Reminder: Use of Smart see Inbox Message issu

Task List

● **List of Outstanding Temporary eHealth (Subsidies) Account Pending Rectification**

You have 17 unrectified eHealth (Subsidies) Account(s).

You are reminded to rectify the details in this/these eHealth (Subsidies) Account(s) immediately. Unless an eHealth (Subsidies) Account is rectified, the claim(s) under the account, if any, cannot be reimbursed.

GO

You may click 'GO' or press 'Record Confirmation' of the menu.

Record Confirmation

Search Record

Confirmation Type ☒ Claim Transaction ☐ eHealth (Subsidies) Account

☒ Include "Incomplete" Claims

Cut-off Date 21-07-2016

Practice Any

Data Entry Account Any

Scheme Any

Search

You can select the records by different criteria.

Home Inbox Logout

Record Confirmation

Claim Record

Cut-off Date Any

Data Entry Account Any

Scheme Any

	Transaction No.	Transaction Time	Scheme	Document Type	Identity Document No.	Name	No. of Units Redeemed	Total Amount (\$)	Other Information	Name
1	TE09A07-45-5	07 Oct 2009 20:06	EVSS	HKIC	UP988XXX(X)	LAM, SAI WAN (林細雲)	1	130	Details	Ho T (Butt)
2	TE09A07-46-7	07 Oct 2009 20:09	EVSS	HKIC	Y000XXX(X)	CHEUNG, PLEASURE (張快樂)	1	190	Details	Ho T (Butt)
3	TC09A07-103-8	07 Oct 2009 20:10	CIVSS	REPMT	BB123XXXX	LEE, GA GA	1	80	Details	Ho T (Butt)
4	TC09A07-104-8	07 Oct 2009 20:14	CIVSS	REPMT	F000XXX(X)	WOO, KA WAI	1	80	Details	Ho T (Butt)

Page 1 of 1 (4 items)

Back Confirm Selected

You may press the transaction no. to view/void the claim details.

You may press the column header to sort the records.

You may select the record(s) by clicking the checkbox, or clicking the checkbox at the column header for all records. Then press 'Confirm Selected' button.

Privacy Policy | Disclaimer | System Maintenance

Upon confirmation by the VMO, the information entered through the "Data Entry Account" will be submitted to the eHS(S). Confirmation procedure is not required if transaction claim is made using "Service Provider Account".

Records/transactions voided by the VMO will not be submitted to the eHS(S).

All records/transactions claimed/voided can be reviewed at the "Claim Transaction Management" function in the "Service Provider Account".

3.6. Procedures of Records Checking and Claims Submission by Excel Batch Upload

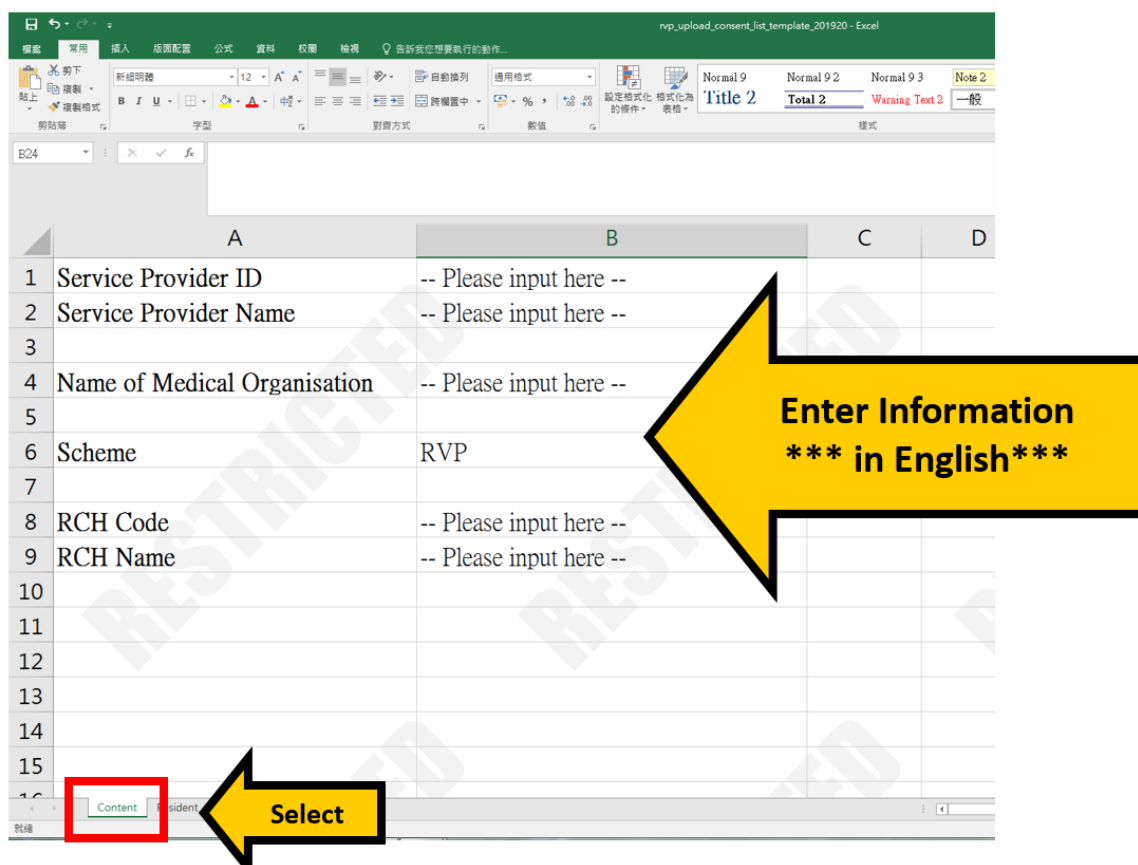
3.6.1. Creating consented recipient list with Excel

Compile the identity information provided in the consent forms in an excel table with specific format (provided by PMVD) to form a vaccination consent list. The template of Excel file can be downloaded on the CHP website (www.chp.gov.hk/en/features/23543.html)

Samples of Excel file:

	A	B	C	D
1	Service Provider ID	-- Please input here --		
2	Service Provider Name	-- Please input here --		
3				
4	Name of Medical Organisation	-- Please input here --		
5				
6	Scheme	RVP		
7				
8	RCH Code	-- Please input here --		
9	RCH Name	-- Please input here --		
10				
11				
12				
13				
14				
15				





To prevent unauthorised persons from accessing data in the excel table, the excel file should be password protected.

Send the password protected excel file to PMVD via the e-mail address (rvp@dh.gov.hk) **at least 20 working days** before vaccination day. PMVD will check and upload the consent list file onto the eHS(S). The eHS(S) will create a temporary eHealth (Subsidies) account if no validated account exists in eHS(S).

3.6.2. First Report Checking

A **First Report and Vaccination Name List** will be available for **download** from eHS(S) one day after the PMVD has confirmed that the consent list is successfully uploaded. In order to protect recipients' privacy, the full names of recipients can only be shown in the Vaccination Name List. The latest valid SIV, 23vPPV and PCV13 vaccination records of each consented client will be shown in the eHS(S) report. If an eHealth (Subsidies) account does not exist for the consented client, a temporary account will be created automatically.

Steps to download the First Report and Vaccination Name List:

Claim

Vaccination Record Enquiry

Vaccination File Management

Record Confirmation

Vaccination File Management

File Type

☒ Pre-Check
 ☐ Vaccination File

Scheme

Residential Care Home Vaccination Programme

Vaccination File ID

School / RCH Code

Status

Pending Rectify Account, Assign Date and Mark Client Vaccination

Search

Select

Select

Menu

Vaccination File Management

Vaccination File ID	RCH Code	Progress		Status	Download Report
		Upload Date	Rectify Account, Assign Date and Mark Client Vaccination		
VF20191008-009	[DH0001] HOME OF LOVING FAITHFULLNESS	2019-10-08 ✓	Rectify Assign Date Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List
VF20191003-014	[NH0535] KWONG YUM CARE HOME	2019-10-03 ✓	Rectify Assign Date Mark Vaccination Confirm Batch	Pending Pre-Check Generation	First Report Vaccination Name List

Page 1 of 1 (2 items)

Back

Download Latest Report

Report Type

Vaccination check report

Report Name

eHS(S)VF001-NH0535-VaccCheckReport-RVP-20190925.xlsx

Set Password

Create password

File download password tips

- Contains at least 3 of the following 4 character groups.
 - English uppercase characters (A through Z)
 - English lower case characters (a through z)
 - Numerals (0 through 9)
 - Non-alphabetic characters (such as !, \$, #, %)
- Password length: 8 - 15 digits
- Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password

Close

Download

62

Sample of First Report:

Section 1 - Class/Category & account information										Section 2
1										Validated
2										
Client Seq. No.	Category Name	Ref. No.	Chinese name	English surname	English Given name	Sex	Date of Birth	Doc type		eH5(A) ID
3										
4	1 Resider	1	傅*輝	FU	P. F.	M	1932/02/05	HKIC		EHA5090:
5	2 Resider	2	畢*珍	BUT	W. C.	M	1944/07/20	HKIC		EHA5089:
6										

Sample of Vaccination Name List:

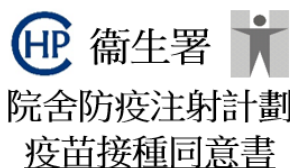
Section 1 - Class/Category & account information						
1						
2						
Client Seq. No.	Category Name	Ref. No.	Chinese name	English surname	English Given name	
3						
4	1 Resident	1	傅炳輝	FU	PING FAI	
5	2 Resident	2	畢惠珍	BUT	WAI CHUN	
6						
7						
8						
9						

Mark the last vaccination records on the Consent Form:

Q	R	S	T	U	V	W	X	Z
Section 3 - Vaccination checking result (generated by system)								
Matching result		To be injected (Y/N)	SIV					
			Vaccination checking date	Only dose	1st dose	2nd dose	Available to inject	Last three valid vaccination records
Validated account found	Y		2019/10/11	Y	No	No	Y	2018/10/30 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2017/10/26 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2016/11/16 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2018/10/30 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2017/10/26 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2016/11/16 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2018/10/30 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2017/12/06 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2016/12/07 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2018/10/30 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2017/10/26 QIV (Only Dose)
Validated account found	Y		2019/10/11	Y	No	No	Y	2016/11/16 QIV (Only Dose)



院舍編號
(由院舍填寫)



過往接種記錄	最近一次接種日期 (月/年)
季節性流感疫苗	/
13 價肺炎球菌結合疫苗	/
23 價肺炎球菌多醣疫苗	/
(由到診註冊醫生填寫)	

醫健通 (資助) 系統交易編號	
1. TR	
2. TR	
接種記錄	2020/21 接種日期 (日/月/年)
季節性流感疫苗 (單劑 / 第一劑)	/ /
季節性流感疫苗 (第二劑 (如適用))	/ /
13 價肺炎球菌結合疫苗	/ /
23 價肺炎球菌多醣疫苗	/ /
到診註冊醫生姓名:	

注意：1. 請用黑色或藍色筆以正楷填寫本同意書。

2. 填妥的同意書需於接種日期最少二十五個工作天前交予到診註冊醫生，以透過醫健通 (資助) 系統查核服務使用者的疫苗接種記錄。

3. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。

甲部 服務使用者個人資料 (以身份證明文件所載者為準)			
姓名	(中文)	(英文)	
中文電碼 (如適用)			性別 ☐ 男 ☐ 女

Verify the consented person's past vaccination history and vaccination records in the **First Report** and decide whether vaccination is needed. Special attention should be paid to the type of identity document being used by the person when logging in the account.

For persons without vaccination cards, the staff of RCH/RCCC/DI will inform you about this. Please check the vaccination history in eHS(S) for this group of persons.

Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. Vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

If vaccination record and eligibility status of the person have not been checked in the eHS(S), the vaccination should be deferred until checking of eligibility status is in order.

3.6.4. Creating eHealth (Subsidies) account

If recipients' eHealth (Subsidies) account has not been created in the past, a new temporary eHealth (Subsidies) account will be automatically created by the system. The temporary eHealth (Subsidies) account will then be proceeded to Immigration Department for validation in the system.

	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1		Section 2 - Account matching result									Section 3 - Vaccination checking result (generated by syst				
2		Validated Account found			Temp Account created			Matching result	To be injected (Y/N)		SIV				
3		eHS(A) ID	With same doc. no.	Fields difference	Temp account no.	Status	ImmD validation date				Vaccination checking date	Only dose	1st dose	2nd dose	Available to inject
4			N		C19A03-117-7			Pending ImmD validation	Y		2019-10-28	Y	No	No	Y
5		EHA511239706	Y					Validated account found	Y		2019-10-28	Y	No	No	Y
6			N		C19A03-118-8			Pending ImmD validation	Y		2019-10-28	Y	No	No	Y
7															
8															
9															
10															
11															
12															
13															
14															

New temporary eH(S)A

3.6.5. Rectification of invalid account in eHealth (Subsidies)

After generation of **First Report and Vaccination Name List**, VMO need to rectify incorrect information of accounts that failed Immigration Department validation.

VMO may click and view the 'Matching Result' from the **First Report**. Personal information that failed Immigration Department validation will be indicated.

	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1		Section 2 - Account matching result									Section 3 - Vaccination checking result (generated by s				
2		Validated Account found			Temp Account created			Matching result	To be injected (Y/N)						
3		eHS(A) ID	With same doc. no.	Fields difference	Temp account no.	Status	ImmD validation date				Vaccination checking date	Only dose	1st dose	2nd dose	Available to inject
4		EHA511372048	Y					Validated account found	Y		2019/09/20	No	Y	Y	Y
5		EHA511372051	Y					Validated account found	Y		2019/09/20	No	Y	Y	Y
6		EHA511372012	Y					Validated account found	Y		2019/09/20	No	Y	Y	Y
7		EHA511372036	Y					Validated account found	Y		2019/09/20	No	Y	Y	Y
8		EHA511372063	Y					Validated account found	Y		2019/09/20	No	Y	Y	Y
9			N		C19920-65-5			Not for ImmD Validation Incorrect format/Missing	Y		2019/09/20	No	Y	Y	No

Steps to rectify the eHealth (Subsidies) account of recipients:

Claim

Vaccination Record Enquiry

Vaccination File Management

Record Confirmation

Vaccination File Management

File Type ☒ Pre-Check ☐ Vaccination File

Scheme Residential Care Home Vaccination Programme Select

Vaccination File ID

School / RCH Code

Status Pending Rectify Account, Assign Date and Mark Client Vaccination Select

[Search](#)

Menu

Vaccination File Management

Vaccination File ID	RCH Code	Progress		Status	Download Report
		Upload Date	Rectify Account, Assign Date and Mark Client Vaccination		
VF20191008-009	[DH0001] HOME OF LOVING FAITHFULLNESS	2019-10-08	✓ Rectify Assign Date Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List
VF20191003-014	[NH0535] KWONG YUM CARE HOME	2019-10-03	✓ Rectify Assign Date Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List

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Menu

Vaccination File Management

Vaccination File

Pre-check File ID VF20190925-013

Scheme Residential Care Home Vaccination Programme

RCH Code NH0535

RCH Name KWONG YUM CARE HOME

Practice PAU LOI YAU Clinic (1)

Status Pending Pre-Check Generation

No. of Client 6

Account Summary

Account Type	No. of Records
Validated Account	6
Tempoary Account	0
Without Account	0

Client Information

Category

--- Please select ---

Resident

HCW

Select

[Back](#)

Vaccination File Management

Vaccination File

Pre-check File ID: VF20190923-012
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: DAC017
 RCH Name: MENTAL HEALTH ASSOCIATION OF HONG KONG TSUEN WAN DAY ACTIVITY CENTRE
 Practice: PAU LOI YAU Clinic (1)
 Status: Pending Pre-Check Generation
 No. of Client: 6
 Account Summary:

Account Type	No. of Records
Validated Account	5
Temporary Account	1
Without Account	0

Client Information

Category: HCW

Seq. No.	Client No.	Action	Doc Type Identity Doc No.	Contact No.	Name	Sex	DOB	Other Fields	Account ID / Reference No.	Status	Account Validation Result	Field Difference
4	1	[Edit]	HKIC 676711(3)		KUNG, FAI (龔輝)	F	05 Jun 1969	Date of Issue: 01 Jan 2010	EHA511372137	Active		No
5	2	[Edit]	HKIC K378871(7)		WONG, TAI MAN	M	05 Dec 1983	Date of Issue: 01 Jan 2010	EHA511372149	Active		No
6	3	[Edit]	HKIC R965820(2)		CHEUNG, CHAU ON (張秋安)	M	08 Oct 1985	Date of Issue: 01 Jan 2010	C19923-135-2	Invalid		No

Page 1 of 1 (3 items)

Input correct personal information of recipients:

Vaccination File Management

Vaccination File

Pre-check File ID
 Scheme
 RCH Code
 RCH Name
 Practice
 Status
 No. of Client
 Account Summary

Client Information

Category

Seq. No.	Client No.	Action	Doc Type Identity Doc No.
4	1	[Edit]	HKIC F6767
5	2	[Edit]	HKIC K3788
6	3	[Edit]	HKIC R965820(2)

Rectify eHealth (Subsidies) Account Information

Client Information

Category: HCW
 Seq. No.: 6
 Contact No.:

Rectify eHealth (Subsidies) Account Information

Reference No.: C19923-135-2
 Document Type: Hong Kong Identity Card
 HKIC No.: R965820(2)
 Date of Birth: 08-10-1985
 Name in English: CHEUNG, CHAU ON
 (Surname) (Given name)
 Chinese Commercial Code: 1728 4428 1344 Chinese Name
 Chinese Name: 張秋安
 Gender: ☐ Female ☒ Male
 Date of Issue: 01-01-10
 Status: Invalid

Cancel Save

For any incorrect information regarding the Hong Kong Identity Number and the Identity Document Type, please notify the PMVD for rectification. VMO need to submit documentary proof to PMVD for updating. For other fields such as date of birth and date of issues, VMO can amend directly on eHS(S).

After amending the personal information of recipients, the row will be highlighted in green indicating amendment has been made.

Vaccination File Management

Vaccination File

Pre-check File ID: VF20190925-013
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Practice: PAU LOI YAU Clinic (1)
 Status: Pending Pre-Check Generation
 No. of Client: 6
 Account Summary:

Account Type	No. of Records
Validated Account	5
Temporary Account	1
Without Account	0

Client Information

Category: HCW

Seq. No.	Client No.	Action	Doc Type Identity Doc No.	Contact No.	Name	Sex	DOB	Other Fields	Account ID / Reference No.	Status	Account Validation Result	Field Difference
4	1	[Edit]	HKIC F676711(3)		KUNG, FAI (龔輝)	F	05 Jun 1969	• Date of Issue: 01 Jan 2010	EHA511372137	Active		No
5	2	[Edit]	HKIC K378874(7)		WONG, TAI MAN	M	05 Dec 1983	• Date of Issue: 01 Jan 2010	EHA511372149	Active		No
6	3	[Edit]	HKIC R965820(2)	24563324	CHEUNG, CHAU ON (張秋安)	M	08 Oct 1986	• Date of Issue: 01 Jan 2010	C19923-135-2	Pending Validation		No

No vaccination record checking will be done for amendment of personal data.

Claims for the vaccination fee related to the record in question of an invalid account will not be processed and the claim cannot be reimbursed.

If the relevant transactions still cannot be resolved through the eHS(S) after rectification, you may need to provide the necessary documents to the PMVD for arranging payment manually. Please contact PMVD for detailed arrangement.

In case of prolonged failure when rectifying the temporary eHealth (Subsidies) account information, the temporary eHealth (Subsidies) account will be deleted by the system and the claim related to the account in question may be voided.

3.6.6. Assigning vaccination date and confirming batch

Assign the Vaccination Date by each vaccine for the batch of recipients on eHS(S). The Final Report generation date can also be scheduled in the same step.

According to the vaccination records, confirm the batch of recipients to be vaccinated on eHS(S).

The Final Report will be generated on the scheduled date. Otherwise, the **Final Report** will be **automatically** generated from eHS(S) **three calendar days** before vaccination day,

Steps to assign Vaccination Date and the Final Report generation date:

Vaccination File Management

Menu: Claim, Vaccination Record Enquiry, **Vaccination File Management**, Record Confirmation

File Type: ☒ Pre-Check ☐ Vaccination File

Scheme: Residential Care Home Vaccination Programme **Select**

Vaccination File ID:

School / RCH Code:

Status: Pending Rectify Account, Assign Date and Mark Client Vaccination **Select**

Search

Vaccination File Management

Vaccination File ID	RCH Code	Progress		Status	Download Report
		Upload Date	Rectify Account, Assign Date and Mark Client Vaccination		
VF20191008-009	[DH0001] HOME OF LOVING FAITHFULNESS	2019-10-08 ✓	Rectify → Assign Date → Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List
VF20191003-014	[NH0535] KWONG YUM CARE HOME	2019-10-03 ✓	Rectify → Assign Date → Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List

Page 1 of 1 (2 items)

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Vaccination File Management

Menu: Vaccination File

Validation Fail
 "Final Report Generation Date" should be at least 1 day(s) before "Vaccination Date" [020901-E-00007]

Pre-check File ID: VF20191003-014
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Practice: PAU LOI YAU Clinic (1)

Subsidy	Only/1st Dose	2nd Dose
QIV	Vaccination Date : 29-10-2019 Final Report Generation Date : 30-10-2019	
23vPPV	 	
PCV13	 	

Back **Save**

After assigning the Vaccination Date, VMO should confirm the batches for vaccinations according to recipients and vaccine types.

Steps to confirm batches:

Vaccination File Management

Vaccination File ID	RCH Code	Progress		Status	Download Report
		Upload Date	Rectify Account, Assign Date and Mark Client Vaccination		
VF20191008-009	[DH0001] HOME OF LOVING FAITHFULLNESS	2019-10-08	☒ Rectify Assign Date Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List
VF20191003-014	[NH0535] KWONG YUM CARE HOME	2019-10-03	☒ Rectify Assign Date Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List

Page 1 of 1 (2 Items)

[Back](#)

Vaccination File Management

Vaccination File

Pre-check File ID: VF20190925-013
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Practice: PAU LOI YAU Clinic (1)
 Status: Pending Pre-Check Generation
 No. of Client: 6
 Account Summary:

Account Type	No. of Records
Validated Account	6
Temporary Account	0
Without Account	0

Client Information

Category: --- Please select --- Select

[Back](#)

Vaccination File Management

Vaccination File

Pre-check File ID: VF20191003-014
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Practice: PAU LOI YAU Clinic (1)
 Category: HCW QIV
 Subsidy: Only/1st Dose 2nd Dose
 Vaccination Date: 28 Oct 2019
 Final Report Generation Date: 24 Oct 2019
 No. of Client: 3

Seq. No.	Doc Type Identity Doc. No.	Name	Sex	Status	Available For Injection				Remarks	Mark to be Injected	
					Check Date	Only Dose	1st Dose	2nd Dose		Yes	No
4	HKIC F676711(3)	KUNG, FAI (龔輝)	F	Pending Validation	03 Oct 2019	Yes	No	No		☐ Y	☐ N
5	HKIC K378871(7)	WONG, TAI MAN	M	Pending Validation	03 Oct 2019	Yes	No	No		☐ Y	☐ N
6	HKIC R965820(2)	CHEUNG, CHAU ON (張秋安)	M	Pending Validation	03 Oct 2019	Yes	No	No		☐ Y	☐ N

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Vaccination File Management

Vaccination File

Pre-check File ID: VF20191003-014
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Practice: PAU LOI YAU Clinic (1)
 Category: HCW
 Subsidy: QIV
 Dose to Inject: Only/1st Dose
 Vaccination Date: 28 Oct 2019
 Final Report Generation Date: 24 Oct 2019
 No. of Client: 3

2nd Dose: N/A

 Saved Successfully

Seq. No.	Doc. Type Identify Doc No.	Name	Sex	Status	Available For Injection					Mark to be Injected ☐ Yes ☐ No
					Check Date	Only Dose	1st Dose	2nd Dose	Remarks	
4	HKIC F676711(3)	KUNG, FAI (龔輝)	F	Pending Validation	03 Oct 2019	Yes	No	No		☒ Y ☐ N
5	HKIC K378871(7)	WONG, TAI MAN	M	Pending Validation	03 Oct 2019	Yes	No	No		☒ Y ☐ N
6	HKIC R965820(2)	CHEUNG, CHAU ON (張秋安)	M	Pending Validation	03 Oct 2019	Yes	No	No		☒ Y ☐ N

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Vaccination File Management

Vaccination File ID	RCH Code	Progress		Status	Download Report
		Upload Date	Rectify Account, Assign Date and Mark Client Vaccination		
VF20191008-009	[DH0001] HOME OF LOVING FAITHFULNESS	2019-10-08	 Rectify Assign Date Mark Vaccination	Pending Pre-Check Generation	First Report Vaccination Name List
VF20191003-014	[NH0535] KWONG YUM CARE HOME	2019-10-03	 Rectify Assign Date Mark Vaccination Confirm Batch	Pending Pre-Check Generation	First Report Vaccination Name List

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Vaccination File Management

Menu

● Vaccination File

Pre-check File ID: VF20190925-013
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Practice: PAU LOI YAU Clinic (1)
 Status: Pending Pre-Check Generation
 No. of Client: 6
 No. of Client not inject: 0

Subsidy	Category	Dose to Inject	Vaccination Report Generation Date	Vaccination Date	No. of Client	Mark Inject - Yes	Mark Inject - No	Match
QIV	HCW	1st Dose	28 Oct 2019	29 Oct 2019	3	3	0	Yes
QIV	RESIDENT	1st Dose	28 Oct 2019	29 Oct 2019	3	3	0	Yes

Back Confirm



Vaccination File Management

Menu

● Vaccination File

Pre-check File ID: VF20190925-013
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Practice: PAU LOI YAU Clinic (1)
 Status: Pending Pre-Check Generation
 No. of Client: 6
 No. of Client not inject: 0

Subsidy	Category	Dose to Inject	No	Match
QIV	HCW	1st Dose		Yes
QIV	RESIDENT	1st Dose		Yes

Confirmation

? Do you confirm to proceed?

Confirm Cancel

Back Confirm

Vaccination File Management

Menu

✓ Batch of Vaccination File is created.

Return

If recipients' eHealth (Subsidies) account personal information still need to be rectified at this stage, steps are as below:

Home Inbox Logout

Vaccination File Management

File Type: ☐ Pre-Check ☒ Vaccination File

Scheme: **Residential Care Home Vaccination Programme**

Vaccination File ID:

School / RCH Code:

Vaccination Date: To

Status: **Pending Rectification**

Search



Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress					Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date	Submit Claim		
VF20191023-001	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-23 	Rectify	2019-10-28	2019-10-29		Pending Upload Vaccination Claim	

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Vaccination File Management

Vaccination File

Pre-check File ID: VF20190925-013

Scheme: Residential Care Home Vaccination Programme

RCH Code: NH0535

RCH Name: KWONG YUM CARE HOME

Practice: PAU LOI YAU Clinic (1)

Status: Pending Pre-Check Generation

No. of Client: 6

Account Type	No. of Records
Validated Account	6
Temporary Account	0
Without Account	0

Client Information

Category: **Please select ---**

Resident

HCW

Select

Back

Vaccination File Management

Vaccination File

Pre-check File ID: VF20190923-012
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: DAC017
 RCH Name: MENTAL HEALTH ASSOCIATION OF HONG KONG TSUEN WAN DAY ACTIVITY CENTRE
 Practice: PAU LOI YAU Clinic (1)
 Status: Pending Pre-Check Generation
 No. of Client: 6
 Account Summary:

Account Type	No. of Records
Validated Account	5
Tempoary Account	1
Without Account	0

Client Information

Category: HCW

Seq. No.	Client No.	Action	Doc Type Identity Doc No.	Contact No.	Name	Sex	DOB	Other Fields	Account ID / Reference No.	Status	Account Validation Result	Field Difference
4	1	[Edit]	HKIC 676711(3)		KUNG, FAI (龔輝)	F	05 Jun 1969	• Date of Issue: 01 Jan 2010	EHA511372137	Active		No
5	2	[Edit]	HKIC K378871(7)		WONG, TAI MAN	M	05 Dec 1983	• Date of Issue: 01 Jan 2010	EHA511372149	Active		No
6	3	[Edit]	HKIC R965820(2)		CHEUNG, CHAU ON (張秋安)	M	08 Oct 1985	• Date of Issue: 01 Jan 2010	C19923-135-2	Invalid		No

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Scheme: Residential Care Home Vaccination Programme
 RCH Code: BH0990
 RCH Name: CARITAS EVERGREEN HOME
 Service Provider ID: 90017250
 Service Provider Name: KUNG, CHUNG KONG
 Practice: KUNG CHUNG KONG - Branch 2 Clinic (2)
 Subsidy:

Vaccination Date:
 Final Report Generation D:
 Status:
 No. of Category:
 No. of Client:
 Account Summary:

Rectify eHealth (Subsidies) Account Information

Client Information

Category: Resident
 Ref. No: 6
 Chinese Name (Upload): 李小雲
 Contact No: 93945567
 To be injected: ☒

Rectify eHealth (Subsidies) Account Information Help

Reference No: C19A02-302-1
 Document Type: Hong Kong Identity Card
 HKIC No: Q613124(3)
 Date of Birth: 15-08-1951
 Name in English: LEE, SIU MAN (Surname) (Given name)
 Chinese Commercial Code: 2621 1420 7186 Chinese Name
 Chinese Name: 李小雲
 Gender: ☒ Female ☐ Male
 Date of Issue:
 Status: Not for ImmD Validation

Cancel Save

Seq. No.	Ref. No.	Action	Doc Identity	Contact No.	Name	Sex	DOB	Other Fields	Account ID / Reference No.	Status	Account Validation Result	Field Difference
1	1	[Edit]	HKIC C12846								No	
2	2	[Edit]	HKIC FC2866								No	
3	4	[Edit]	EC V12882								Incorrect format/Missing information	No
4	6	[Edit]	HKIC Q613124(3)	93945567	LEE, SIU MAN (李小雲)	F	15-08-1951		C19A02-302-1	Not for ImmD Validation	Incorrect format/Missing information	No
5	7	[Edit]	HKIC W440657(8)	96522222	CHU, KA PO	F	11-11-1942		C19A02-303-2	Pending Validation		No
6	8	[Edit]	ID235B ID122005	36974502	WONG, HOI MING	F	18-10-2012	• Permitted to Remain Until: 01 Feb 2020	C19A02-304-3	Pending Validation	Pending Manual Validation	No

3.6.7. Final report checking

To prevent duplication of vaccination, VMO should verify the vaccination records in the Final Report and 'Onsite Vaccination' list, and check for any discrepancies three days prior to vaccination.

Steps to download the Final Report and 'Onsite Vaccination' list:

Home Inbox Logout

Claim
 Vaccination Record Enquiry
Vaccination File Management
 Record Confirmation
 Claim Transaction Management

Vaccination File Management

File Type: ☐ Pre-Check ☒ Vaccination File

Scheme: **Residential Care Home Vaccination Programme**

Vaccination File ID:

School / RCH Code:

Vaccination Date: To

Status: **Pending Rectification**

Search



Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress					Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date	Submit Claim		
VF20191023-001	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-23 ✓	✓	2019-10-24 Review	2019-10-28		Pending Upload Vaccination Claim	

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Download Latest Report

Report Type: **Vaccination check report**

Report Name: **eHS(S)VF001-NH0535-VaccCheckReport-RVP-20190925.xlsx**

Set Password:

Create password

File download password tips

- Contains at least 3 of the following 4 character groups.
 - English uppercase characters (A through Z)
 - English lower case characters (a through z)
 - Numerals (0 through 9)
 - Non-alphabetic characters (such as !, \$, #, %)
- Password length: 8 - 15 digits
- Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password

[Close](#) [Download](#)

Sample of Final Report:

	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1		Section 2 - Account matching result									Section 3 - Vaccination checking result (generated by s				
2		Validated Account found			Temp Account created			Matching result	Confirm not to inject (Y/N)						
3		eHS(A) ID	With same doc. no.	Fields difference	Temp account no.	Status	ImmD validation date				Vaccination checking date	Only dose	1st dose	2nd dose	Available to inject
4		EHA511372048	Y					Validated account found	N		2019/09/20	No	Y	Y	Y
5		EHA511372051	Y					Validated account found	N		2019/09/20	No	Y	Y	Y
6		EHA511372012	Y					Validated account found	N		2019/09/20	No	Y	Y	Y
7		EHA511372036	Y					Validated account found	N		2019/09/20	No	Y	Y	Y
8					C19920-65-5	Not for ImmD Validation		Incorrect format/Missing	N		2019/09/20	No	Y	Y	No

Sample of 'Onsite Vaccination' list:

	G	H	I	J	K	L	M	N	O
1					Section 2 - Vaccination decision			Section 3: Vaccination record (to be filled by service provider) Actual injected (Y/N)	
2	Sex	Date of Birth	Doc type	Contact Number	Vaccine to inject	Reject Reason			
3	M	1931-02-05	HKIC	91122233	RQIV				
4	M	1942-07-17	HKIC	91123233	RQIV				
5		1945-12-15	HKIC	92262833	RQIV				

SAMPLE

After checking the Final Report and the 'Onsite Vaccination' list, if any recipient is found not eligible for receiving vaccination, VMO should opt-out the status of 'To be injected' as shown below:

Scheme: Residential Care Home Vaccination Programme
 RCH Code: BH0990
 RCH Name: CARITAS EVERGREEN HOME
 Service Provider ID: 90017250
 Service Provider Name: KUNG, CHUNG KONG
 Practice: KUNG CHUNG KONG - Branch 2 Clinic (2)
 Subsidy:

Vaccination Date:
 Final Report Generation Date:
 Status:
 No. of Category:
 No. of Client:
 Account Summary:

Rectify eHealth (Subsidies) Account Information

Client Information

Category: Resident
 Ref. No.: 6
 Chinese Name (Upload): 李小雯
 Contact No.: 93945567
☒ To be injected

Rectify eHealth (Subsidies) Account Information Help

Reference No.: C19A02-302-1
 Document Type: Hong Kong Identity Card
 HKIC No.: Q613124(3)
 Date of Birth: 15-08-1951
 Name in English: LEE, SIU MAN (Surname) (Given name)
 Chinese Commercial Code: 2621 1420 7186 Chinese Name
 Chinese Name: 李小雯
 Gender: ☒ Female ☐ Male
 Date of Issue:
 Status: Not for ImmD Validation

Cancel Save

Seq. No.	Ref. No.	Action	Doc. Identity	Chinese Name	Gender	Date of Issue	Status	Reference No.	Document Type	HKIC No.	Date of Birth	Name in English	Chinese Commercial Code	Chinese Name	Account Validation Result	Field Difference
1	1	[Edit]	HKIC C12845	LEE, SIU MAN	F	15-08-1951	Not for ImmD Validation	C19A02-302-1	Hong Kong Identity Card	Q613124(3)	15-08-1951	LEE, SIU MAN	2621 1420 7186	李小雯	Incorrect format/Missing Information	No
2	2	[Edit]	HKIC FC2868	CHU, KA PO	F	11-11-1942	Pending Validation	C19A02-303-2	Hong Kong Identity Card	W440657(8)	11-11-1942	CHU, KA PO	96522222	周嘉波	Incorrect format/Missing Information	No
3	4	[Edit]	EC V12882	WONG, HOI MING	F	18-10-2012	Permitted to Remain Until: 01 Feb 2020	C19A02-304-3	Hong Kong Identity Card	ID235B ID122005	18-10-2012	WONG, HOI MING	36974502	黃惠明	Pending Manual Validation	No

VMO should print out and hand over the reports to the in-charge of RCH/RCCC/DI before vaccination day. The Final Report and the 'Onsite Vaccination' list can be used in concordance as the vaccination consent lists for vaccination activity.

3.6.8. Claiming injection fees in batch

Claims should only be submitted for application of reimbursement after it is confirmed that both **vaccination has been provided** to the eligible persons as well as **Vaccination Consent Form is duly signed and completed** by relevant parties.

For the completeness of vaccination records kept in the eHS(S), you are strongly advised to input the relevant records **WITHIN SEVEN DAYS** after conducting the vaccination even though you are providing the vaccination service as volunteer service.

Steps to submit claims:

The first screenshot shows the 'Vaccination File Management' interface. The 'Menu' on the left has 'Vaccination File Management' highlighted. The main area shows search criteria: File Type (Vaccination File), Scheme (Residential Care Home Vaccination Programme), Vaccination File ID, School / RCH Code, Vaccination Date, and Status (Pending Rectification). A 'Search' button is at the bottom right.

The second screenshot shows the search results for a specific vaccination file. The 'Claim' button is highlighted. The table below shows the details of the vaccination file.

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress					Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date	Submit Claim		
VF20191023-001	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-23 ✓	✓	2019-10-24 ✓	2019-10-28 ✓	Claim	Pending Upload Vaccination Claim	Final Report Onsite Vaccination

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Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015

Scheme: Residential Care Home Vaccination Programme

RCH Code: NH0535

RCH Name: KWONG YUM CARE HOME

Service Provider ID: 90000130

Service Provider Name: PAU, LOI YAU

Practice: PAU LOI YAU Clinic (1)

Subsidy: QIV 2019/20

Vaccination Date: Only/1st Dose 29 Oct 2019 2nd Dose N/A

Vaccination Report Generation Date: 28 Oct 2019 N/A

Status: Pending Upload Vaccination Claim

No. of Category: 2

No. of Client: 6

Account Summary

Account Type	No. of Records
Validated Account	6
Tempoary Account	0
Without Account	0

Client Information

Category: --- Please select ---

Buttons: Back, Save Current Page, Summary



Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015

Scheme: Residential Care Home Vaccination Programme

RCH Code: NH0535

RCH Name: KWONG YUM CARE HOME

Service Provider ID: 90000130

Service Provider Name: PAU, LOI YAU

Practice: PAU LOI YAU Clinic (1)

Subsidy: QIV 2019/20

Vaccination Date: Only/1st Dose 29 Oct 2019 2nd Dose N/A

Vaccination Report Generation Date: 28 Oct 2019 N/A

Status: Pending Upload Vaccination Claim

No. of Category: 2

No. of Client: 6

Account Summary

Account Type	No. of Records
Validated Account	6
Tempoary Account	0
Without Account	0

Client Information

Category: Resident

Seq. No.	Ref. No.	Doc Type Identity Doc No.	Contact No.	Name	Sex	DOB	Other Fields	Confirm not to Inject	Actual Injected Yes No	Account ID / Reference No.
1	1	HKJC N556583(7)	91122233	FU, SIU MING (傅小明)	M	05 Feb 1931	• Date of Issue: 01 Jan 2011	No	☒ Y ☐ N	EHA511372125
2	2	HKJC CP049029(6)	91123233	CHEUNG, KIN YUEN (張建源)	M	17 Jul 1942	• Date of Issue: 14 Feb 2007	No	☒ Y ☐ N	EHA511239706
3	3	HKJC V483625(1)	92262833	WONG, HING CHIU (黃興超)	M	15 Dec 1945	• Date of Issue: 01 Jan 2012	No	☒ Y ☐ N	EHA511372202

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Buttons: Back, Save Current Page, Summary



Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Service Provider ID: 90000130
 Service Provider Name: PAU, LOI YAU
 Practice: PAU LOI YAU Clinic (1)
 Subsidy: QIV 2019/20
 Only/1st Dose: 29 Oct 2019
 2nd Dose: N/A
 Vaccination Date: 29 Oct 2019
 Vaccination Report Generation Date: 28 Oct 2019
 Status: Pending Upload Vaccination Claim
 No. of Category: 2
 No. of Client: 6
 Account Summary: Without Account 0

Confirmation

Once confirmed to save, the "Vaccination Date" will be locked. If changes, the record of "Actual Injected" need to input again. Do you confirm to proceed?

Client Information

Category: Resident

Seq.	Ref.	Doc Type					Confirm not to

To submit another batch:

Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Service Provider ID: 90000130
 Service Provider Name: PAU, LOI YAU
 Practice: PAU LOI YAU Clinic (1)
 Subsidy: QIV 2019/20
 Only/1st Dose: 29 Oct 2019
 2nd Dose: N/A
 Vaccination Date: 29 Oct 2019
 Vaccination Report Generation Date: 28 Oct 2019
 Status: Claim (Pending SP Confirmation)
 No. of Category: 2
 No. of Client: 6

Account Type	No. of Records
Validated Account	6
Temporary Account	0
Without Account	0

Client Information

Category:

Seq. No.	Ref. No.	Doc Type Identity Doc No.	Contact No.	Name	Sex	DOB	Other Fields	Confirm not to Inject	Actual Injected Yes No	Account ID / Reference No.
4	1	HKIC F676711(3)		KUNG, FAI (龔輝)	F	05 Jun 1969	Date of Issue: 01 Jan 2010	No	☒ Y ☐ N	EHA511372137
5	2	HKIC K379871(7)		WONG, TAI MAN	M	05 Dec 1983	Date of Issue: 01 Jan 2010	No	☒ Y ☐ N	EHA511372149
6	3	HKIC R965820(2)	24563324	CHEUNG, CHAU ON (張秋安)	M	08 Oct 1986	Date of Issue: 01 Jan 2010	No	☒ Y ☐ N	EHA511372214

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Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Service Provider ID: 90000130
 Service Provider Name: PAU, LOI YAU
 Practice: PAU LOI YAU Clinic (1)
 Subsidy: QIV 2019/20

Only/1st Dose: 29 Oct 2019 2nd Dose: N/A
 Vaccination Date: 29 Oct 2019 N/A
 Vaccination Report Generation Date: 28 Oct 2019 N/A
 Status: Pending Upload Vaccination Claim

No. of Category: 2
 No. of Client: 6
 Account Summary:

Account Type	No. of Records
Validated Account	6
Temporary Account	0
Without Account	0

Client Information

Category: Resident

Seq. No.	Ref. No.	Doc Type Identity Doc No.	Contact No.	Name	Sex	DOB	Other Fields	Confirm not to Inject	Actual Injected ☐ Yes ☐ No	Account ID / Reference No.
1	1	HKQC N556583(7)	91122233	FU, SIU MING (傅小明)	M	05 Feb 1931	• Date of Issue: 01 Jan 2011	No	☒ Y ☐ N	EHA511372125
2	2	HKQC CP049029(6)	91123233	CHEUNG, KIN YUEN (張建源)	M	17 Jul 1942	• Date of Issue: 14 Feb 2007	No	☒ Y ☐ N	EHA511239706
3	3	HKQC V483625(1)	92262833	WONG, HING CHIU (黃興超)	M	15 Dec 1945	• Date of Issue: 01 Jan 2012	No	☒ Y ☐ N	EHA511372202

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Back Save Current Page Summary

Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Service Provider ID: 90000130
 Service Provider Name: PAU, LOI YAU
 Practice: PAU LOI YAU Clinic (1)
 Subsidy: QIV 2019/20

Only/1st Dose: 29 Oct 2019 2nd Dose: N/A
 Vaccination Date: 29 Oct 2019 N/A
 Vaccination Report Generation Date: 28 Oct 2019 N/A
 Status: Pending Upload Vaccination Claim

No. of Category: 2
 No. of Client: 6
 Account Summary:

Account Type	No. of Records
Validated Account	6
Temporary Account	0
Without Account	0

Client Information

Category: Resident

Seq.	Ref.	Doc Type						Confirm not to

Confirmation

Once confirmed to save, the "Vaccination Date" will be locked. If changes, the record of "Actual Injected" need to input again. Do you confirm to proceed?

Confirm Cancel

Confirmation should then be made by VMO (Service Provider Account only. Data Entry Account does not have the right to confirm claims):

Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress					Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date	Submit Claim		
VF20191023-001	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-23 ✓	✓	2019-10-24 ✓	2019-10-28 ✓	Inputting Confirm	Claim (Pending SP Confirmation)	Final Report Onsite Vaccination

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Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015

Scheme: Residential Care Home Vaccination Programme

RCH Code: NH0535

RCH Name: KWONG YUM CARE HOME

Service Provider ID: 90000130

Service Provider Name: PAU, LOI YAU

Practice: PAU LOI YAU Clinic (1)

Subsidy: QIV 2019/20

Only/1st Dose: 29 Oct 2019

2nd Dose: N/A

Vaccination Date: 28 Oct 2019

Vaccination Report Generation Date: N/A

Status: Claim (Pending SP Confirmation)

No. of Category: 2

No. of Client: 6

No. of Client (Injected): 6

Category	No. of Client	Actual Injected - Yes	Actual Injected - No	Match
Resident	3	3	0	Yes
HCW	3	3	0	Yes
Total	6	6	0	Yes

[Back](#) [Confirm Claim](#)



Vaccination File Management

Vaccination File

Vaccination File ID: VF20190925-015
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Service Provider ID: 90000130
 Service Provider Name: PAU, LOI YAU
 Practice: PAU LOI YAU Clinic (1)
 Subsidy: QIV 2019/20
 Only/1st Dose: Only/1st Dose

Vaccination Date: 29 Oct 2019
 Vaccination Report Generation Date: 28 Oct 2019
 Status: Claim
 No. of Category: 2
 No. of Client: 6
 No. of Client (Injected): 6

Category	No. of Client	Actual Injected - Yes	Actual Injected - No	Match
Resident	3	3	0	Yes
HCW	3	3	0	Yes
Total	6	6	0	Yes

Confirmation: Do you confirm to proceed?

Confirm **Cancel**

Back **Confirm Claim**

The status of the batch will be shown as 'Submitted' as shown below.

Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress					Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date	Submit Claim		
VF20191023-001	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-23 ✓	✓	2019-10-24 ✓	2019-10-28 ✓	Submitted	Claim (Pending Claim Creation)	Final Report Onsite Vaccination

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Any late submission of claims, the status will be shown as 'Suspended' as shown below. VMO should contact PMVD for further arrangements. Reimbursement will not be made for claims under the 'Suspended' status.

Vaccination File Management

Vaccination File

Vaccination File ID: VF20191004-004
 Scheme: Residential Care Home Vaccination Programme
 RCH Code: NH0535
 RCH Name: KWONG YUM CARE HOME
 Service Provider ID: 90000130
 Service Provider Name: PAU, LOI YAU
 Practice: PAU
 Subsidy: QIV

Vaccination Date: Only 31 Oct 2019
 Final Report Generation Date: 28 Oct 2019
 Status: Claim
 No. of Category: 1
 No. of Client: 3
 No. of Client (Injected): 3

Category	No. of Client	Actual Injected - Yes	Actual Injected - No	Match
Resident	3	3	0	Yes
Total	3	3	0	Yes

Confirmation: During not to submit the claim within 7 days after vaccination date (Included that day), the claim will be suspended. Please contact Department of Health if assistance is required. Do you confirm to proceed?

Confirm Cancel

Back Confirm Claim



Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress					Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date	Submit Claim		
VF20191004-004	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-04	2019-10-04	2019-10-28	2019-10-31	2019-11-07 Suspend	Claim Suspended	Claim Result Vaccination Name List
VF20191023-001	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-23	2019-10-23	2019-10-24	2019-10-28	2019-10-28 Review	Completed	Claim Result Vaccination Name List

Page 1 of 1 (2 items)

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VMO may view the claim results by retrieving the 'Claim Result' file as shown below. Mark the transaction number of recipients on the Consent Form.

Vaccination File Management

Vaccination File ID	School / RCH Code	Scheme / Subsidy / Dose to Inject	Progress					Status	Download Report
			Upload Date	Rectification	Final Report Generation Date	Vaccination Date	Submit Claim		
VF20191023-001	[NH0535] KWONG YUM CARE HOME	RVP QIV 2019/20 Only/1st Dose	2019-10-23	2019-10-23	2019-10-24	2019-10-28	2019-10-28 Review	Completed	Claim Result Vaccination Name List

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Sample of Claim Result report:

AA	AB	AC	AD	AE	AF
	Section 4: Vaccination record filled by service		Section 5: Claim record (generated by system)		
	Actual injected (Y/N)		Transaction no.	Transaction status	Fail reason
	Y		TR19C01-36-3	Ready to Reimburse	
	Y		TR19C01-37-5	Ready to Reimburse	
	Y		TR19C01-38-7	Ready to Reimburse	
	Y		TR19C01-39-9	Ready to Reimburse	
			TR19C01-40-1	Ready to Reimburse	
			TR19C01-41-3	Ready to Reimburse	

SAMPLE

院舍編號
(由院舍填寫)

過往接種記錄	最近一次接種日期 (月/年)
季節性流感疫苗	/
13 價肺炎球菌結合疫苗	/
23 價肺炎球菌多醣疫苗	/
(由到診註冊醫生填寫)	

HP 衛生署
院舍防疫注射計劃
疫苗接種同意書

醫健通 (資助) 系統交易編號	
1. TR	
2. TR	
3030/01	
接種記錄	接種日期 (日/月/年)
季節性流感疫苗 (單劑 / 第一劑)	/ /
季節性流感疫苗 (第二劑 (如適用))	/ /
13 價肺炎球菌結合疫苗	/ /
23 價肺炎球菌多醣疫苗	/ /
到診註冊醫生姓名:	

- 注意：1. 請用黑色或藍色筆以正楷填寫本同意書。
2. 填妥的同意書需於接種日期最少二十五個工作天前交予到診註冊醫生，以透過醫健通（資助）系統查核服務使用者的疫苗接種記錄。
3. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。

甲部 服務使用者個人資料 (以身份證明文件所載者為準)			
姓名	(中文)	(英文)	
中文電碼 (如適用)			性別 ☐ 男 ☐ 女

Alternatively, VMO may go to 'Claim Transaction Management' and search for the transaction status:

Claim Vaccination Record Enquiry Vaccination File Management Record Confirmation Claim Transaction Management	Claim Transaction Management Search Claim Record Practice: RCHD(1) Status: Any Transaction Time: From 09-10-2019 To 09-10-2019 Transaction No.: Scheme: Residential Care Home Vaccination Programme Search
---	---

Claim Transaction Management

Claim Record

Practice: PAU LOI YAU Clinic(1)

Status: Any

Transaction Time: From 31 Oct 2019 To 31 Oct 2019

Transaction No.: Any

Scheme: Residential Care Home Vaccination Programme

	Transaction No. ⓘ	Transaction Time	Doc Type Identity Doc No. ⓘ	Name	eHealth (Subsidies) Account Type	Amount Claimed (\$) ⓘ	Status	Other Info ⓘ	
1	RVP TR19A31-1-8	31 Oct 2019 15:54	HKIC CI284XXX(X)	FU, PING FAI (傅炳輝)	Validated Account	100	Ready to Reimburse	Details	PA
2	RVP TR19A31-2-0	31 Oct 2019 15:54	HKIC NB001XXX(X)	KUNG, CHUNG FAI (龔松輝)	Validated Account	100	Ready to Reimburse	Details	PA
3	RVP TR19A31-3-2	31 Oct 2019 17:52	HKIC N556XXX(X)	FU, SIU MING (傅小明)	Validated Account	100	Ready to Reimburse	Details	PA
4	RVP TR19A31-4-4	31 Oct 2019 17:52	HKIC CP049XXX(X)	CHEUNG, KIN YUEN (張建源)	Validated Account	100	Ready to Reimburse	Details	PA
5	RVP TR19A31-5-7	31 Oct 2019 17:52	HKIC V483XXX(X)	WONG, HING CHIU (黃興超)	Validated Account	100	Ready to Reimburse	Details	PA
6	RVP TR19A31-6-9	31 Oct 2019 17:52	HKIC F676XXX(X)	KUNG, FAI (龔輝)	Validated Account	100	Ready to Reimburse	Details	PA
7	RVP TR19A31-7-1	31 Oct 2019 17:52	HKIC K378XXX(X)	WONG, TAI MAN	Validated Account	100	Ready to Reimburse	Details	PA
8	RVP TR19A31-8-3	31 Oct 2019 17:52	HKIC R965XXX(X)	CHEUNG, CHAU ON (張秋安)	Validated Account	100	Ready to Reimburse	Details	PA

Page 1 of 1 (8 items)

Record Summary

	Incomplete	Pending Confirmation	Pending eHealth (Subsidies) Account Validation	Ready to Reimburse	Voided	Reimbursed	Suspended
Total Amount Claimed (\$)	0	0	0	800	0	0	0

[Back](#)

Any claim for vaccination fee not made within seven calendar days counting from the day of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to a VMO or its Associated Organization for such late claim.

The Government has the discretion not to pay out any vaccination fee to the VMO or its Associated Organization if the claim for any vaccination provided is not submitted to the Government within 90 calendar days counting from the date of vaccination.

A VMO and his/her medical organisation shall keep proper and full record in relation to the vaccination service and the Vaccination Consent Form for a period of not less than seven years.

3.7. Validation of temporary eHealth (Subsidies) account information

The personal data entered will be validated through matching with database kept by the Immigration Department (ImmD). The input data will be validated at the end of the day. If the personal data cannot be validated with the database of the ImmD (e.g. the HKIC does not exist or the date of birth does not match with the HKIC number), the eHS(S) will notify the respective VMO to check and rectify the information accordingly. Amended information upon resubmission will be validated with the database of the ImmD again.

3.8. Voiding claims

The VMO can void a claim through the “Claim Transaction Management” function in the eHS(S) within 24 hours of making the claims. The concerned transaction record would be selected and marked as “Voided”. VMO has to input the void reason and click to “Confirm”.

Menu

- Claim
- Record Confirmation
- Claim Transaction Management**
- eHealth Account Rectification
- Monthly Statement
- My Profile

Claim Transaction Management

Search Claim Record

Practice

Transaction No.

Scheme

Any

Any

From 15-07-2010 To 15-07-2010

Any

Click 1

Click 2

You may select the claim record(s) by different criteria.

Claim Transaction Management

Claim Information

Account Information

Document Type: Hong Kong Identity Card
 Name: CHAN, TAI MAN (陳大文)
 HKIC No.: D123XXX(X)
 Date of Birth / Gender: 08-08-1930 / Male
 Date of Issue: 01-01-08

Claim Information

Transaction No.: TR10715-13-6 (15 Jul 2010 14:46)
 Confirmed Time: 15 Jul 2010 14:46
 Scheme: Residential Care Home Vaccination Programme
 Transaction Status: Pending eHealth Account Validation
 Service Date: 15 Jul 2010
 Service Provider: CHAU, LEONG
 Practice: LEONG Clinic (1)
 Bank Account No.: XXX-002-000XXXX
 Service Type: Registered Medical Practitioners
 Category: Resident
 RCH code: SD0013
 RCH name: The Spastics Association of Hong Kong - Jockey Club Bradbury Wah Sum Care Centre (C&A/SD)

Subsidy	Dose	Amount	Remarks
23vPPV	N/A	\$100	Injection Cost: \$100
RSIV	N/A	\$100	Injection Cost: \$100
Total Amount		\$200	

Click 3

Menu

Claim Transaction Management

Void Transaction completed! The eHealth Account (C10721-314-6) is also removed. Please record the Void Transaction No. (V10721-23-6) in consent form.

Void Transaction Time

Void Transaction No.

21 Jul 2010 11:46

V10721-23-6

Return

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3.9. Reimbursement

Reimbursement of the vaccination fee would be performed on a monthly basis and will be paid directly into the accounts designated by the VMOs.

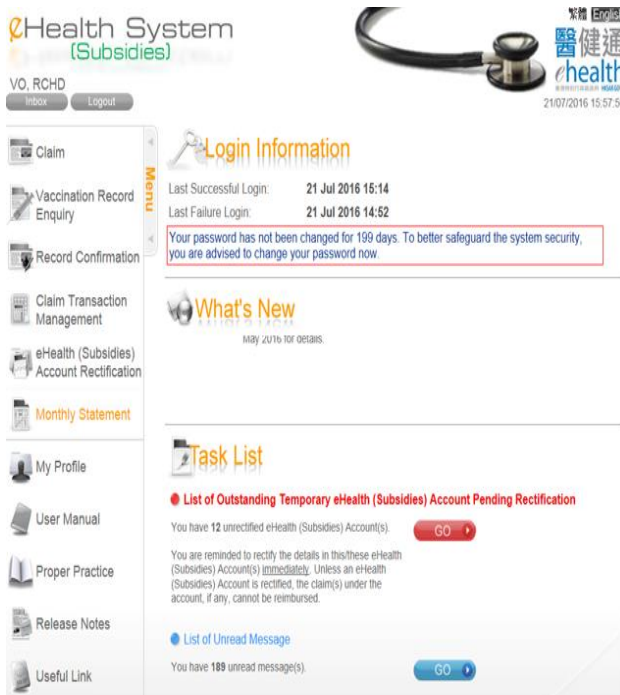
Please note that the reimbursement would be made to validate eHealth (Subsidies) account only. In order to effect payment, VMOs are required to ensure that they have rectified information of temporary eHealth (Subsidies) account(s) that have failed validation with the database of ImmD. (see Section 3.11 Rectification of temporary eHealth (Subsidies) account information that failed validation). They are also required to check the transaction records and confirm the entries entered by their data entry clerks (see Section 3.8 Confirming the transaction record).

To avoid delay in the process of reimbursement / or claims for reimbursement may not be processed, enrolled doctors are required to make vaccination claim **WITHIN SEVEN DAYS** after the delivery of vaccination service (both days inclusive).

At the end of each month, the eHS(S) will generate payment files based on the claims transaction logged by the eHS(S) for processing reimbursement. Upon checking of the accuracy of these claims, the reimbursement will be paid directly into the VMO's designated bank accounts.

The system will generate notification message to the VMO (to the "Message Inbox" which will be accessible through logging in the eHS(S)). VMO can access the eHS(S) for their monthly statements which contain details of the amount of reimbursement for them under RVP.

However, if any irregularity is found in the claims submitted by the VMO, the Government shall be entitled to suspend the payment of the vaccination fee to a VMO. Such payment shall be made upon satisfactory checking conducted by and until the Government is satisfied that the vaccination fee should be paid after investigation.



eHealth System Monthly Statement As of 31 Aug 2009		
Health Care Voucher Scheme (HCVS)		
No. of transactions(s)	2	
No. of vouchers(s)	2	
Sub-total (\$) HCVS		180
Childhood Infectious Vaccination Subsidy Scheme (CIVSS)		
No. of transactions(s)	3	
No. of childhood seasonal influenza vaccination(s)	3	
Sub-total (\$) CIVSS		240
Priority Vaccination Subsidy Scheme (PVSS)		
No. of transactions(s)	1	
No. of human rabies influenza vaccination(s)	1	
No. of elderly seasonal influenza vaccination(s)	1	
No. of shingles (pneumococcal polysaccharide vaccination(s)	1	
Sub-total (\$) PVSS		370
Human Bone Influenza Vaccination Subsidy Scheme (HBVSS)		
No. of transactions(s)	2	
No. of human bone influenza vaccination(s)	2	
Sub-total (\$) HBVSS		160
Essential Care Home Vaccination Programme (ECHVP)		
No. of transactions(s)	1	
No. of human bone influenza vaccination(s)	1	
Sub-total (\$) ECHVP		90
Total Amount (\$)		810

3.10. Authentication token

If the VMO loses the authentication token, or if the token is damaged, he/she should approach the PMVD for replacement.

PMVD will verify the identity of the VMO requesting for the replacement, suspend the old authentication token and re-issue a new token to the doctor by mail.

An administrative fee needs to be collected from the VMO for the replacement of authentication token.

Please note that authentication token should not be transferred to other parties for use.

3.11. Forgetting password

If the VMO forgets his/her password, he/she should click “Forgot Password” in the login page and enter the Service Provider ID, registered email address (which he/she had provided during application for enrolment) together with the token passcode into the system.

After validation, an email will be sent to the email address automatically by the system and a hyperlink will be provided for VMO to reset the password.

Login

Account Type ☒ Service Provider ☐ Data Entry Account

Service Provider ID / Username

Password

Token Passcode

[Forgot Password](#)

Login

Token Passcode

3.12. Locked account

An account will be locked after five unsuccessful attempts of logging in the eHS(S). If the VMO's account is locked, please contact the PMVD during office hours.

If the data entry account is locked, the VMO can log in the service provider account, enter "My Profile", then choose the specific data entry account and unlock it.

3.13. Accessing and editing personal information

The VMO can access and retrieve the particulars of himself/herself, his/her place of practice and bank information from the eHS(S) by logging in the system (using the authentication token) and choose "My Profile" function. Under this function, VMO can click the "System Information" tab to view and then "Edit" to change/select his/her own username, default web interface language and web password.

4. Other Highlights

4.1. Amendment of particulars

If there is any change of information provided e.g. bank information, address, please fax a completed Change Form (downloadable from CHP website at www.chp.gov.hk) with the required documentary proof to the PMVD of the DH.

For change of the registered medical organisation, VMO is required to:

- (i) complete a Change Form and send it to the DH by fax to remove the practice(s) under the previous medical organisation; and
- (ii) send in new Application Form and Authority for Payment to a Bank and the supporting documentary proof for re-enrolling with the new medical organisation (registered mail recommended).

Acknowledgement will be given by the PMVD.

4.2. Withdrawal

VMO has the right to leave the programme at any time. In that case, he/she is required to furnish a Change Form (downloadable from CHP website at www.chp.gov.hk) and fax to the DH. Upon receiving the notification, DH will contact the VMO for confirmation.

The VMO's name, clinic addresses and telephone numbers will be removed from the VMO list which will be provided to RCHs/RCCCs/DIs upon request or being published for RCH information. Once a VMO has withdrawn, he/she cannot claim reimbursement for any vaccination services given afterwards. However, outstanding claims pending reimbursement will still be processed.

If VMO plans to cease practice, he/she shall inform in writing to the PMVD at least one month before the practice ends.

4.3. Suspension and Termination

The Government may suspend a VMO's entitlement to participate in the RVP if:

- (1) the doctor or practice fail to meet the requirement of RVP;
- (2) the claims submitted by the doctor are under investigation; or

- (3) the practice is being ordered by any other Services of DH/ government departments to suspend the service.

CHP will inform the doctor in writing on the reason of suspension. Once a doctor or a practice has been suspended, the doctor should not provide vaccination service to clients. No reimbursement will be made to any claims made during the suspension period. However, outstanding claims pending reimbursement will still be processed. The doctor will be informed in writing for lifting of the suspension.

DH may terminate the Agreement with a VMO if:-

- (1) he/ she ceases to be so registered under the Medical Council;
- (2) he is being suspended from practicing as registered medical practitioner;
- (3) the Government is of the reasonable opinion that he/ she has failed to provide medical services in a professional manner or is otherwise guilty of professional misconduct or malpractice; or
- (4) the Government considers that he/ she has failed to comply with the provisions in the agreement or direction given by the Government.

CHP will inform the doctor and his/her associated organisation regarding the termination, make arrangement with the doctor for return of any Scheme Equipment by the Government for the purpose of the RVP, and remove his name, clinic addresses and telephone numbers from the Lists of Visiting Medical Officers Enrolled in RVP from CHP website.

Once the enrolment of the doctor' and his/her associated organisation has been terminated, he/ she should not submit any reimbursement claims for vaccination service given afterwards. However, outstanding claims pending reimbursement will still be processed.

4.4. Monitoring and inspection

The PMVD will conduct random checks to detect possible abuse of the RVP. For monitoring purpose, VMOs are advised to retain the vaccination records and the Consent Forms for at least seven years for the purpose. Be prepared for calls from the PMVD and provide relevant documents as required for checking. VMOs will be required to refund the vaccination fee reimbursed should any irregularity is detected

and cannot be clarified. Randomly selected vaccine recipients and in-charge person of RCH/RCCC/DI will be contacted for verification purpose.

4.5. Data security and privacy

VMOs should be careful in handling personal data of clients. Keep the signed Consent Forms collected from recipients in locked cabinets and limit the number of persons who can access the personal data to prevent indiscriminate or unauthorized access, processing and use of personal data.

4.6. Reporting vaccine adverse reaction

Adverse drug reaction (ADR) reporting is important for vaccine safety surveillance and programme monitoring. You are therefore encouraged to report the following ADR cases to the DH.

1. All suspected serious ADR, even if the reaction is well known, which
 - is life-threatening or fatal;
 - results in or prolongs hospitalization;
 - causes persistent incapacity or disability; or
 - causes birth defect.
2. Suspected drug interactions including drug-drug and drug-herb interactions;
3. Non-serious ADRs but the reactions are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known ADR);
4. Unexpected ADRs, i.e. the reactions are not found in the product information or labelling (e.g. an unknown side effect in a new drug).

Please refer to the website of Drug Office of the DH for the Reporting Guidelines and ADR Report Form at:

www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html

5. Forms and Cards

5.1. Enrolment documents

The following transaction documents are downloadable from the CHP website at www.chp.gov.hk/en/view_content/23543.html

5.2. Other forms and documents

5.2.1. Vaccination Consent Form

RCH Code		eHS(S) Transaction No.	
(To be completed by RCH)		1. TR	
Previous Vaccination (DD/MM/YY)		2. TR	
SIV		Type of Vaccine*	Vaccination Date in 2020/21 (DD/MM/YY)
PCV13		SIV (1* / only dose)	/ /
23vPPV		SIV (2** / if applicable)	/ /
(To be completed by VMO)		PCV13	/ /
		23vPPV	/ /
		Name of VMO	

Part A Personal Particulars of the recipient (as stated on the identity document)

Name (English) (Chinese)

Date of Birth (dd mm yyyy) Sex ☐ Male ☐ Female

Chinese Commercial Code

Identity Document (Please select an identity document by inserting a "X" in the appropriate box below and fill in the information required)
 Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.

☐ Hong Kong Identity Card No. () Date of Issue (dd mm yyyy)

☐ Serial No. of the Certificate of Exemption Reference No. HKIC No. as shown on the Certificate () Date of Issue (dd mm yyyy)

☐ Hong Kong Birth Certificate Registration No. ()

☐ Hong Kong Re-entry Permit Date of Issue (dd mm yyyy)

☐ Document of Identity Document No. Date of Issue (dd mm yyyy)

☐ Permit to Remain in HKSAR (ID 235B) Birth Entry No. () Permitted to remain until (dd mm yyyy)

☐ Non-Hong Kong Travel Document No.

☐ Visa / Reference No. ()

☐ Certificate issue by the Birth Registry for adopted Children - No. of Entry ()

*Acronyms: SIV: Seasonal Influenza Vaccine PCV13: 13-valent Pneumococcal Conjugate Vaccine
23vPPV: 23-valent Pneumococcal Polysaccharide Vaccine

Part B Undertaking and Declaration [Please fill in either Part (I) or (II) or (III) or (IV)]
 Recipient aged 18 or above with mental capacity, please fill in Part (I).
 Recipient aged below 18 or mentally-incapacitated, please fill in Part (II).
 Recipient aged below 18 or mentally-incapacitated and Parent/ Guardian cannot be contacted, please fill in Part (III) or (IV).

(I) To be completed by the Recipient (Please insert a "X" as appropriate.)
☐ I am staff of residential care home for elderly / residential care home for persons with disabilities / residential child care centre. I consent to receive Seasonal Influenza Vaccine. OR
☐ I am a resident / boarder of residential care home for ☐ elderly / ☐ persons with disabilities.
 I consent to receive the following vaccine(s):
☐ Seasonal Influenza Vaccine ☐ 13-valent Pneumococcal Conjugate Vaccine ☐ 23-valent Pneumococcal Polysaccharide Vaccine
 The information provided in this consent form is correct. I agree to provide my personal data in this consent form and any information provided to healthcare professional for the use by the Government for the purpose set out in the "Statement of Purpose".
 Signature of Recipient (or finger print of illiterate, witness to complete Part C) Date

(II) To be completed by Parent/Guardian of the Recipient (Please insert a "X" as appropriate.)
 I confirm that the recipient is a resident / boarder of residential care home for ☐ elderly ☐ persons with disabilities; ☐ a child of residential child care centre.
 I give my consent for the recipient to receive the following vaccination(s):
☐ Seasonal Influenza Vaccine ☐ 13-valent Pneumococcal Conjugate Vaccine ☐ 23-valent Pneumococcal Polysaccharide Vaccine
 Children aged below 9 who have never received any Seasonal Influenza Vaccine can receive 2 doses in this vaccination season.
☐ First dose of Seasonal Influenza Vaccine ☐ Second dose of Seasonal Influenza Vaccine
 Children aged below 9 and received Seasonal Influenza Vaccine in previous season are recommended to receive 1 dose of vaccine.
☐ First and only dose of Seasonal Influenza Vaccine
 The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to healthcare professional for the use by the Government for the purpose set out in the "Statement of Purpose".
 Signature of Parent / Guardian (or finger print of illiterate, witness to complete Part C) Name of Parent / Guardian
 Hong Kong Identity Card No. / Social Welfare Department Staff No.
 Relationship with the recipient ☐ Parent ☐ Guardian Date

(III) To be completed by Relative of the Recipient (Please insert a "X" as appropriate.)
 I could not contact Parent / Guardian of the recipient and I agree to providing the following vaccination to the recipient:
☐ Seasonal Influenza Vaccine ☐ 13-valent Pneumococcal Conjugate Vaccine ☐ 23-valent Pneumococcal Polysaccharide Vaccine
 Signature of the Relative Name of the Relative
 Hong Kong Identity Card No. (e.g. A123) Date
 Relationship with the recipient

(IV) To be completed by Person In-charge of RCH
 We have not been able to contact Parent / Guardian of the recipient or have not been able to arrange the Parent / Guardian of the recipient to sign this consent form.
 Signature of Person In-charge Official Chop:
 Name of Person In-charge Date
 Post / Title

Part C To be Completed by the Witness (if applicable)
 This document has been read and explained to the recipient or Parent / Guardian of the recipient in my presence.
 Signature of witness Name of witness
 Hong Kong Identity Card No. (e.g. A123) Date

Updated in August 2020

Consent forms for recipients in RCH/RCCC/DI are available at the CHP website at www.chp.gov.hk/en/features/21657.html

5.2.2. Change Form

To: Director of Health
 (c/o Health Care Voucher Unit)
 Fax: 3582 4115

Request to Change Particulars
Enrolled Health Care Provider (EHCP) using the eHealth System
 (Read "Notes for Attention" before completing this change request form)

Legend: HCVS - Health Care Voucher Scheme PCD - Primary Care Directory
 VSS - Vaccination Subsidy Scheme RHP - Residential Care Home Vaccination Programme
 TIV - Trivalent influenza vaccine QIV - Quadrivalent influenza vaccine
 PID - Persons with intellectual disability DA - Disability allowance
 23vPPV - 23-valent pneumococcal polysaccharide vaccine PCV13 13-valent pneumococcal conjugate vaccine

Present Particulars of Enrolled Doctor

Name of Enrolled Doctor: (HKIC No.)
 Name of Medical Organization:

CHANGE REQUESTS TO BE MADE (please put a ☒ in the box below as appropriate)

(A) Personal particulars of Enrolled Doctor:

☐ Correspondence address (in English):
 (in Chinese):
☐ Contact e-mail address:
☐ Daytime contact tel. no.:
☐ Fax no.:

(B) Particulars of Medical Organization:

☐ Correspondence address (in English):
 (in Chinese):
☐ Contact e-mail address:
☐ Daytime contact tel. no.:
☐ Fax no.:

(C) Practice details and service fees:

(i) REMOVE practice from Enrolled Doctor's enrolment

☐ Practice name (in English):
 (in Chinese):
☐ Practice address (in English):
 (in Chinese):
 Reasons for removal [Optional]:

Scheme(s) Programme to which this removed practice relates:
☐ HCVS ☐ VSS ☐ PCD ☐ RVP

(ii) ADD practice under Enrolled Doctor's enrolment
 [N.B. If a new bank account is nominated, please complete an "Authority for Payment to a Bank" and submit the required documentary proof.]

☐ Practice name (in English):
 (in Chinese):
☐ Practice address (in English):
 (in Chinese):
☐ Practice tel. no.:

Scheme(s) Programme to which this new practice relates (only applicable to Enrolled Doctor who has already enrolled in the respective scheme(s)/programme):
☐ HCVS ☐ VSS ☐ PCD ☐ RVP
 Type of practice selected for display on the PCD (For Service Provider enrolled in PCD only):
☐ Non-governmental Organization ☐ Private ☐ University

(iii) UPDATE service fee (exclusive of Government subsidy)

☐ Pregnant Women TIV* QIV®
☐ Children TIV* QIV®
☐ Elders TIV* QIV® 23vPPV PCV13
☐ PID TIV* QIV®
☐ DA Recipients TIV* QIV®

* The service fee information for use of TIV is for monitoring purpose and will NOT be displayed in the on-line directory of the CHP website.
 @ The service fee information for use of QIV will be displayed in the on-line directory of the CHP website.

(D) CHANGE in bank details of currently enrolled practices: [N.B. To be supported by a completed "Authority for Payment to a Bank"]

(E) WITHDRAWAL from:
☐ HCVS ☐ VSS ☐ PCD ☐ RVP
 Reasons for withdrawal [Optional]:

(F) OTHERS:

(Official Stamp)

Signature of Enrolled Doctor Authorized signature
 For and on behalf of the Medical Organization

Name in block letters Name in block letters (Authorised Signatory)

Date: Date:

DH_eHS020 (8/17) 1 DH_eHS020 (8/17) 2

5.2.3. Vaccination Card

TYPE OF VACCINE 疫苗種類		DATE 日期	DOCTOR / CLINIC 醫生 / 診所	REMARKS 附註 (including adverse effects 包括接種後的反應)
HEPATITIS B VACCINE 乙型肝炎疫苗	FIRST DOSE 第一次			
	SECOND DOSE 第二次			
	THIRD DOSE 第三次			
PNEUMOCOCCAL VACCINE 肺炎球菌疫苗	PCV (Specify type 註明種類)	FIRST DOSE 第一次		
		SECOND DOSE 第二次		
		THIRD DOSE 第三次		
		BOOSTER 加強劑		
	PPV (Specify type 註明種類)	FIRST DOSE 第一次		
ANTI-TETANUS TOXOID 預防破傷風疫苗	FIRST DOSE 第一次			
	SECOND DOSE 第二次			
	THIRD DOSE 第三次			
INFLUENZA VACCINE 流行性感冒疫苗				

Interior

Cover

SAMPLE

SAMPLE

REMARKS 附註 (including adverse effects 包括接種後的反應)	DOCTOR / CLINIC 醫生 / 診所	DATE 日期	TYPE OF VACCINE 疫苗種類

DEPARTMENT OF HEALTH
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION
香港特別行政區政府衛生署
VACCINATION RECORD
疫苗注射記錄

Name 姓名 _____

Date of Birth 出生日期 _____ Sex 性別 _____

Parent's/Guardian's Name
父母/監護人姓名 _____

This record should be presented on receiving subsequent vaccination. Please keep all the vaccination records properly because they may be required later as documentation of the vaccines received.

下次接種疫苗時須出示此記錄。
請妥善保存所有疫苗接種記錄卡或小冊子，因為這些記錄日後可作為曾接種過有關疫苗的證明。

DH2684 (Revised 08/2010)

重要文件，請永久保存
Please retain this immunisation record indefinitely

Reference

1. Centre for Health Protection website
www.chp.gov.hk
2. Code of Professional Conduct, the Medical Council of Hong Kong
www.mchk.org.hk/code.htm
3. Department of Health website
www.dh.gov.hk/
4. Drug Office, the Department of Health
www.drugoffice.gov.hk/eps/do/index.html
5. Scientific Committee on Vaccine Preventable Diseases Recommendations on Seasonal Influenza Vaccination for the 2020-21 Season in Hong Kong
https://www.chp.gov.hk/files/pdf/recommendations_on_siv_for_2020-21.pdf
6. Scientific Committee on Updated Recommendations on the Use of Pneumococcal Vaccines for High-risk Individuals (July 2016)
www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf

Samples of Identity documents

(1) Samples of Hong Kong Birth Certificate (with status of permanent resident indicated as “Established”)

Issued between 1.7.1997 and 27.4.2008

BIRTHS AND DEATHS REGISTRY, HONG KONG 香港出生及死亡登記處	
CERTIFIED COPY OF AN ENTRY IN A REGISTER OF BIRTHS KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE 根據出生及死亡條例備妥的出生及死亡登記處內一項紀錄的核實副本	
(1) Registration No. 出生編號	SL234967
(2) Date and place of birth 出生日期及地點	5 JANUARY 2008 QUEEN ELIZABETH HOSPITAL
(3) Name of child 孩子的姓名	SANCHUN 新尊
(4) Sex 性別	FEMALE 女
(5) Name of mother 母親姓名	HU, TUN YUN 胡筠筠
(6) Maternity hospital and name of doctor 分娩醫院及醫生姓名	HONG ZONG CHU 霍中初
(7) Residence, occupation and profession of father 父親住址、職業及行業	SANMEI BINGZUO ZHONGXUE BROTHER PLAT A, 24, HAPPY GARDEN, 8 HAPPY STREET KOWLOON
(8) Name of father 父親姓名	5 JANUARY 2008
(9) Signature of father 父親簽署	SIGNED: LAU YU KEE DISTRICT MAGISTRATE
(10) Name of child 孩子的姓名	ESTABLISHED
CERTIFIED to be a true copy of an entry in the register of births in Hong Kong on 5 th day of JANUARY 2008 經核實此項出生及死亡登記處內一項紀錄的核實副本	

Registration No.

Status

Issued on or after 28.4.2008

BIRTHS AND DEATHS REGISTRY, HONG KONG 香港出生及死亡登記處	
CERTIFIED COPY OF AN ENTRY IN A REGISTER OF BIRTHS KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE 根據出生及死亡條例備妥的出生及死亡登記處內一項紀錄的核實副本	
(1) Registration No. 出生編號	SL234967
(2) Date and place of birth 出生日期及地點	5 JANUARY 2009 QUEEN ELIZABETH HOSPITAL
(3) Name of child 孩子的姓名	SANCHUN 新尊
(4) Sex 性別	FEMALE 女
(5) Name of mother 母親姓名	HU, TUN YUN 胡筠筠
(6) Maternity hospital and name of doctor 分娩醫院及醫生姓名	HONG ZONG CHU 霍中初
(7) Residence, occupation and profession of father 父親住址、職業及行業	SANMEI BINGZUO ZHONGXUE BROTHER PLAT A, 24, HAPPY GARDEN, 8 HAPPY STREET KOWLOON
(8) Name of father 父親姓名	5 JANUARY 2009
(9) Signature of father 父親簽署	SIGNED: LAU YU KEE DISTRICT MAGISTRATE
(10) Name of child 孩子的姓名	ESTABLISHED
CERTIFIED to be a true copy of an entry in the register of births in Hong Kong on 5 th day of JANUARY 2009 經核實此項出生及死亡登記處內一項紀錄的核實副本	

Registration No.

Status

Remarks: -

- For births registered in Hong Kong between 1 July 1997 and 27 April 2008, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is **“Established/Not Established”**.
- For births registered in Hong Kong **on or after 28 April 2008**, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is established under paragraph 2(a), paragraph 2(e) or paragraph 5(3) of Schedule 1 to the Immigration Ordinance, Cap. 115, Laws of Hong Kong.

(2) Samples of Hong Kong Permanent Identity Card

Issued in Hong Kong



Date of Issue

Identity Card No.

Issued Overseas



Date of Issue

Identity Card No.

(正面 Front)



(背面 Back)

(3) Samples of New Smart Hong Kong Identity Card

Issued on or after 26 November 2018



(正面 Front)



(背面 Back)

(4) Sample of Certificate of Exemption

入境事務處
IMMIGRATION DEPARTMENT
人事登記處
REGISTRATION OF PERSONS OFFICE
香港灣仔告士打道七號
7 GLOUCESTER ROAD, WAN CHAI,
HONG KONG
豁免登記證明書
CERTIFICATE OF EXEMPTION

編號
Serial
檔案編號
Reference:
日期:
Date:

No. 000000
RCIX-0000000-00(0)
16 August 2011

先生*
200000
/000000

*Mr./Ms./Mrs. _____ ()

根據人事登記規例第二十五條規定獲准豁免登記。
is exempted from the requirement to register under regulation 25 of the Registration of Persons Regulations.

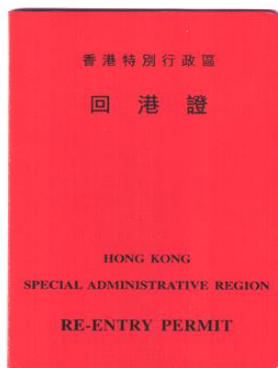
-SAMPLE-

人事登記處處長 () 代行)

for Commissioner of Registration

* Delete where inappropriate
ROP 60 (5/2003)

(5) Samples of Re-entry Permit



香港特別行政區入境事務處
IMMIGRATION DEPARTMENT, HONG KONG SPECIAL ADMINISTRATIVE REGION

回港證號碼 RE-ENTRY PERMIT NO.
RM1234567



中文姓名 / NAME IN CHINESE
賀新年

英文姓名 / NAME IN ENGLISH
Ho San Nian

出生日期 / DATE OF BIRTH
1 Jan 2009

出生地點 / PLACE OF BIRTH
Hong Kong

簽發日期 / DATE OF ISSUE
5 JAN 2009

姓別 / SEX
M

性別
Gender

有效期至 / DATE OF EXPIRY
5 JAN 2014

P<HKGHO<<SAN<NIAN<<<<<<<<<<<<<<<<<<<<<<<<<<
RM1234567HSR090101M130105HSRJ002728891<67

(7) **Samples of “Permit to Remain in the HKSAR” (ID235B)**

(i) **Samples of “Permit to Remain in the HKSAR” (ID235B) showing unconditional stay in HKSAR had been granted**

香港特別行政區政府
入境事務處
IMMIGRATION DEPARTMENT
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION

No. A010006
正本—白色
ORIGINAL—WHITE PAPER
副本—黃色
DUPLICATE—YELLOW PAPER

編號 XXXX-XXXXXXX-XX(X)
Reference:

SAMPLE

香港特別行政區居留許可證
Permit to Remain in the Hong Kong Special Administrative Region

兒童姓名
Name of child _____

性別
Sex 女 FEMALE

出生日期及地點
Date and place of birth 二零零八年七月 日 香港 JULY 2008 HONG KONG

出生登記編號
Birth entry number XXXXXXX (X)

父親姓名
Name of father _____

母親姓名
Name of mother _____

香港地址
Address in Hong Kong _____
Robinson Road, Mid-level, Hong Kong

姓名
Name

性別
Sex

出生日期
Date of Birth

出生登記編號
Birth Entry No.

居留期限
Permit to remain until

本證的持有人 [其詳情如上] 獲准在本地居留，
The holder, whose particulars appear above, is permitted to remain in the
惟必須遵守下列條件：
Hong Kong Special Administrative Region on the following conditions: ---

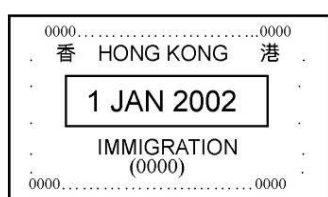
N. E.

31 JUL 2008
IMMIGRATION
XXXXXXXXXX
Immigration Officer's
Authenticating stamp

XXXXXXXXXXXX

Remarks: -

- The Immigration Officer's authenticating stamp has been changed since 23 January 2008, a sample of the old and the new authenticating stamp is illustrated below:



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

(ii) **Sample of “Permit to Remain in the HKSAR (ID 235B)” showing the holder is permitted to remain in Hong Kong until a specific date or permitted to remain extended until a specific date**

香港特別行政區政府
入境事務處
IMMIGRATION DEPARTMENT
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION

No. A010006
正本—白色
ORIGINAL—WHITE PAPER
副本—黃色
DUPLICATE—YELLOW PAPER

編號 XXXX-XXXXXX-XX(X)
Reference:

香港特別行政區居留許可證
Permit to Remain in the Hong Kong Special Administrative Region

兒童姓名
Name of child _____
性別
Sex _____
出生日期及地點
Date and place of birth _____
出生登記編號
Birth entry number _____

父親姓名 MORRISON, MAN
Name of father _____
母親姓名 MORRISON, MARY
Name of mother _____
香港地址
Address in Hong Kong _____
Garden, Hong Kong

本證的持有人 [其詳情如上] 獲准在本地居留，
The holder, whose particulars appear above, is permitted to remain in the
惟必須遵守下列條件：
Hong Kong Special Administrative Region on the following conditions: ---

Permitted to remain
until 6 MAR 2004

Birth Entry No.

The holder is permitted
to remain until a
specific date.

XXXXXX

Remarks: -



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

(8) Samples of Endorsement on a valid travel document

(i) Samples of Endorsement on a valid travel document showing “the right to land in Hong Kong”

The holder of this travel document has the

Right to land in Hong Kong.

(Section 2AAA, Immigration Ordinance,

Cap. 115, Laws of Hong Kong.)

本旅行證件持有人有香港入境權。

(香港法例第115章，入境條例第2AAA條。)

Visa/Reference No		Visa/Reference No	
香港入境事務處 IMMIGRATION HONG KONG ENC5-000 06(8)	D 545762 CAN-P	香港入境事務處 IMMIGRATION HONG KONG ENC5-000 06(8)	D 545761 CAN-P
本旅行證件持有人有香港入境權。 (香港法例第115章，入境條例第2AAA條。) The holder of this travel document has the Right to land in Hong Kong. (Section 2AAA, Immigration Ordinance, Cap. 115, Laws of Hong Kong.)		以往規定的逗留條件現告撤消。 Previous conditions of stay are hereby cancelled. 本旅行證件持有人有香港入境權。 (香港法例第115章，入境條例第2AAA條。) The holder of this travel document has the Right to land in Hong Kong. (Section 2AAA, Immigration Ordinance, Cap. 115, Laws of Hong Kong.)	
免收費用 No Fee	02-08-2006	經已繳費 Fee Paid	02-08-2006

(ii) Sample of Endorsement on a valid travel document showing “the holder was permitted to land” in Hong Kong

The holder arrived Hong Kong on (date) and was permitted to land

持證人在 年 月 日抵達香港並獲准無條件入境

香港入境事務處 IMMIGRATION HONG KONG ACRN-10000003-99(C)	B 188997 SGP-P
持證人在 30-12-98 抵達香港 並獲准無條件入境 The holder arrived Hong Kong on 30-12-98 and was permitted to land	Visa/Reference No
免收費用 No Fee	04-01-1999

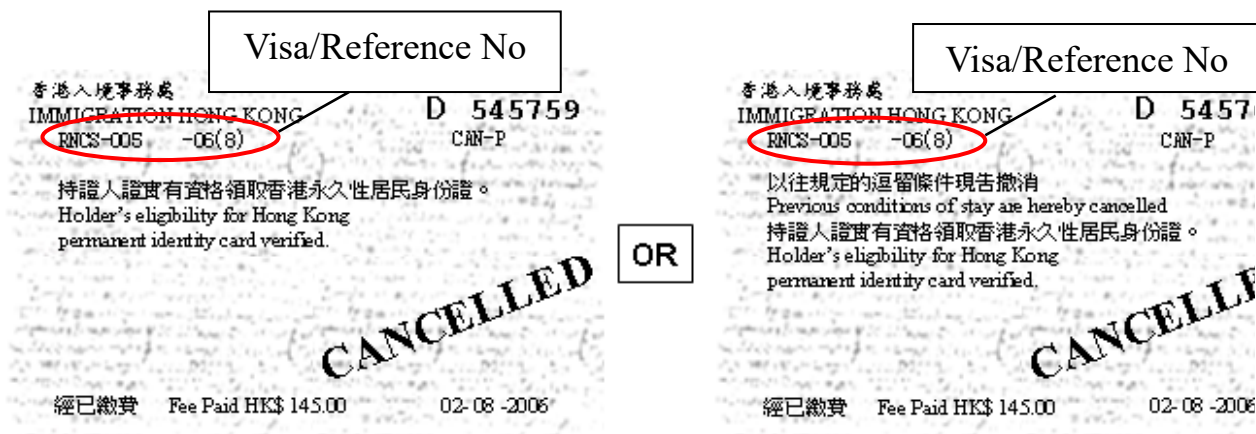
(iii) Sample of Endorsement on a valid travel document showing “previous conditions of stay are hereby cancelled”

Previous conditions of stay are hereby cancelled
以往規定的逗留條件現告撤消



(iv) Sample of Endorsement on a valid travel document showing that the eligibility of HK permanent ID card verified

Holder's eligibility for Hong Kong permanent identity card verified.
持證人證實有資格領取香港永久性居民身份證。



(v) **Sample of Endorsement on a valid travel document showing “Certificate of Entitlement to the right of abode in Hong Kong Special Administrative Region”**

Visa/Reference No

The image shows a sample of an endorsement on a valid travel document. A red circle highlights the 'Ref. No.' field, which is labeled 'Visa/Reference No'. The document is titled '香港特別行政區居留權證明書' (Certificate of Entitlement to the Right of Abode in the Hong Kong Special Administrative Region). It contains the following text: '本證明書持有人在香港特別行政區的居留權已確立。' (The holder's Right of Abode in the Hong Kong Special Administrative Region has been established. This certificate is valid only if it has been affixed onto a valid travel document issued to the holder of this certificate.) Below this, there are fields for '姓名' (Name), '出生日期' (Date of Birth), '性別' (Sex), and '發出日期' (Date of Issue). The document is signed by the '入境事務處處長' (Director of Immigration, Hong Kong Special Administrative Region) and includes the 'Immigration Regulations (Cap. 115 sub. leg.) Form ID 850'.

(vi) **Samples Endorsement on the child’s valid travel document showing “unconditional stay in HKSAR had been granted”**

“Unconditional stay in HKSAR had been granted” can be identified by a Hong Kong landing stamp on a person’s valid travel document showing that he/she is permitted to stay with no condition attached (獲准無條件在香港居留), i.e., an arrival stamp without any condition attached on top of the landing endorsement.

Landing Endorsement

Remarks: -



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

(vii) Samples of Endorsement on a valid travel document showing “Permitted to remain until” and “Permitted to remain extended until a specific date”

Endorsement

Landing Stamp

- (i) Permitted to remain until (date)
批准逗留至 年 月 日



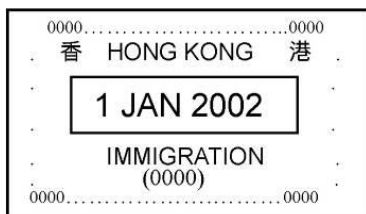
and



- (ii) Permission to remain extended until (date)
獲准逗留期限延至 年 月 日



Remarks:-



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

(9) **Samples of certificate issued by the Births Registry for adopted children**
(with their status of permanent resident indicated “Established”)

Issued before 25 January 2006

香港特別行政區政府 社會福利署
BIRTHS AND DEATHS REGISTRY
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

香港特別行政區政府登記處 一項登記紀錄的核證副本
CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

No. A 001001

SPECIMEN

項次 No.	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars
1	子女出生日期及國家 (參閱下列註釋) Date and country of birth of child (See footnotes)	14 FEBRUARY 2009 HONG KONG	子女姓名 Surname and name of child	常快樂 SHEUNG FAI LOK	子女性別 Sex of child	MALE	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters
2	領養令日期及作出該令的法院名稱 Date of adoption order and description of Court which made the order	14 FEBRUARY 2009 THE DISTRICT COURT OF HONG KONG SPECIAL ADMINISTRATIVE REGION	登記日期 Date of entry	15 FEBRUARY 2009	登記官所委任的核證官員的人員簽署 Signature of officer deputed by Registrar to attest the entry	ZONG, DAK LEE	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters
3	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常健康 SHEUNG, KIN HONG ROOM 888, WEALTHY HOUSE, WEALTHY ESTATE, YUEN LONG, NEW TERRITORIES FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常開心 SHEUNG HOI SUM SAME ADDRESS FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常開心 SHEUNG HOI SUM SAME ADDRESS FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters

No. of Entry

Status

Issued on or after 25 January 2006

香港特別行政區政府 社會福利署
BIRTHS AND DEATHS REGISTRY
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

香港特別行政區政府登記處 一項登記紀錄的核證副本
CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

項次 No.	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars	資料 Particulars
1	子女出生日期及國家 (參閱下列註釋) Date and country of birth of child (See footnotes)	14 FEBRUARY 2009 HONG KONG	子女姓名 Surname and name of child	常快樂 SHEUNG FAI LOK	子女性別 Sex of child	MALE	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters
2	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常健康 SHEUNG, KIN HONG ROOM 888, WEALTHY HOUSE, WEALTHY ESTATE, YUEN LONG, NEW TERRITORIES FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常開心 SHEUNG HOI SUM SAME ADDRESS FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常開心 SHEUNG HOI SUM SAME ADDRESS FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters
3	領養令日期及作出該令的法院名稱 Date of adoption order and description of Court which made the order	14 FEBRUARY 2009 THE DISTRICT COURT OF HONG KONG SPECIAL ADMINISTRATIVE REGION	登記日期 Date of entry	15 FEBRUARY 2009	登記官所委任的核證官員的人員簽署 Signature of officer deputed by Registrar to attest the entry	ZONG, DAK LEE	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters
4	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常健康 SHEUNG, KIN HONG ROOM 888, WEALTHY HOUSE, WEALTHY ESTATE, YUEN LONG, NEW TERRITORIES FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常開心 SHEUNG HOI SUM SAME ADDRESS FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters	常開心 SHEUNG HOI SUM SAME ADDRESS FARMER	領養人姓名、地址及職業 Surname and name, address and occupation of adopter or adopters

No. of Entry

Status

現證明此乃香港特別行政區政府登記處所保管的領養子女登記冊內一項登記紀錄的核證副本。
CERTIFIED TO BE A TRUE COPY OF AN ENTRY IN THE Adopted Children Register maintained at the General Register Office, the Government of the Hong Kong Special Administrative Region.

香港特別行政區政府登記處 二零零九年二月十五日 蓋章發給。
Given at the GENERAL REGISTER OFFICE, THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION, under the Seal of the said Office, the 15TH day of FEBRUARY, 2009.

ZONG DAK LEE
副登記官
Deputy Registrar of Births and Deaths

Proper Hand Hygiene Practice

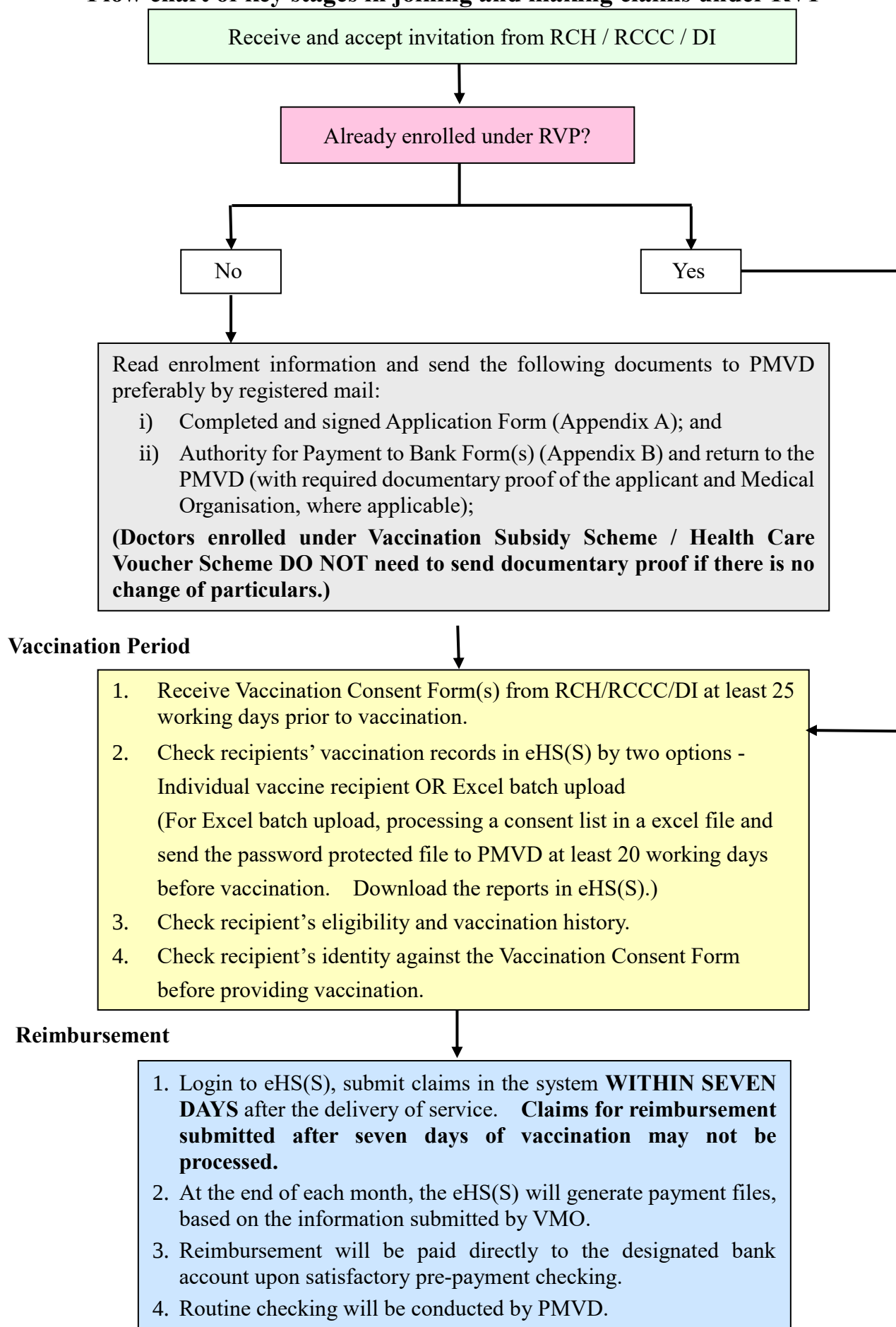


“7 steps on hand hygiene”

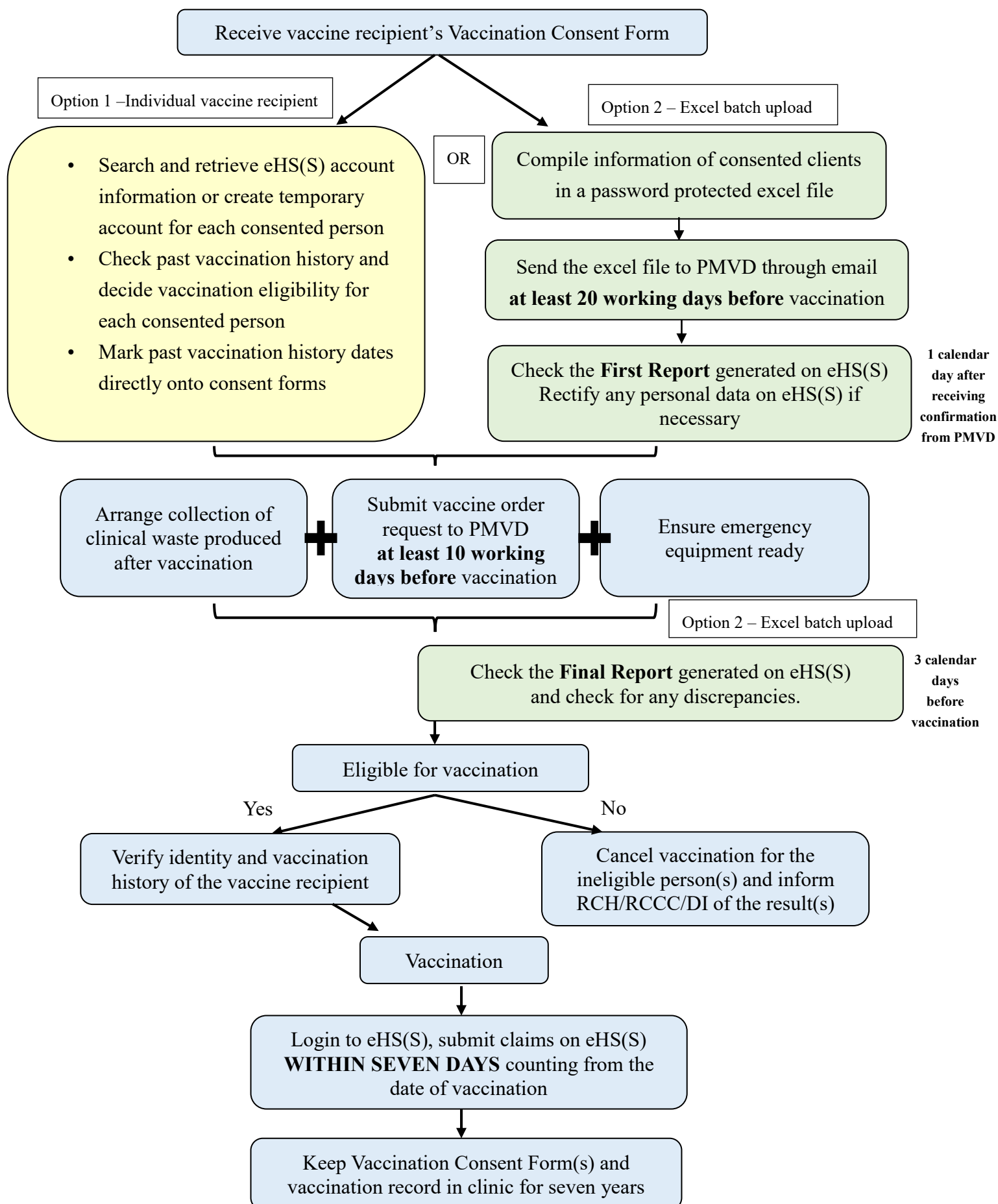
Hand hygiene practice should be adopted and strictly followed during vaccination procedure.

- Hand hygiene with proper hand rubbing by using liquid soap and water or 70-80% alcohol-based handrub for at least 20 seconds and 7 steps of hand hygiene techniques (refer to figure 6) should be performed in between each vaccination.
- Clean hands with liquid soap and water when hands are visibly soiled or likely contaminated with body fluid.
- When hands are not visibly soiled, clean them with 70-80% alcohol-based handrub is also effective.
- When using alcohol-based handrub, apply a palmful of handrub (ensure adequate volume) into the palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry.

Flow chart of key stages in joining and making claims under RVP

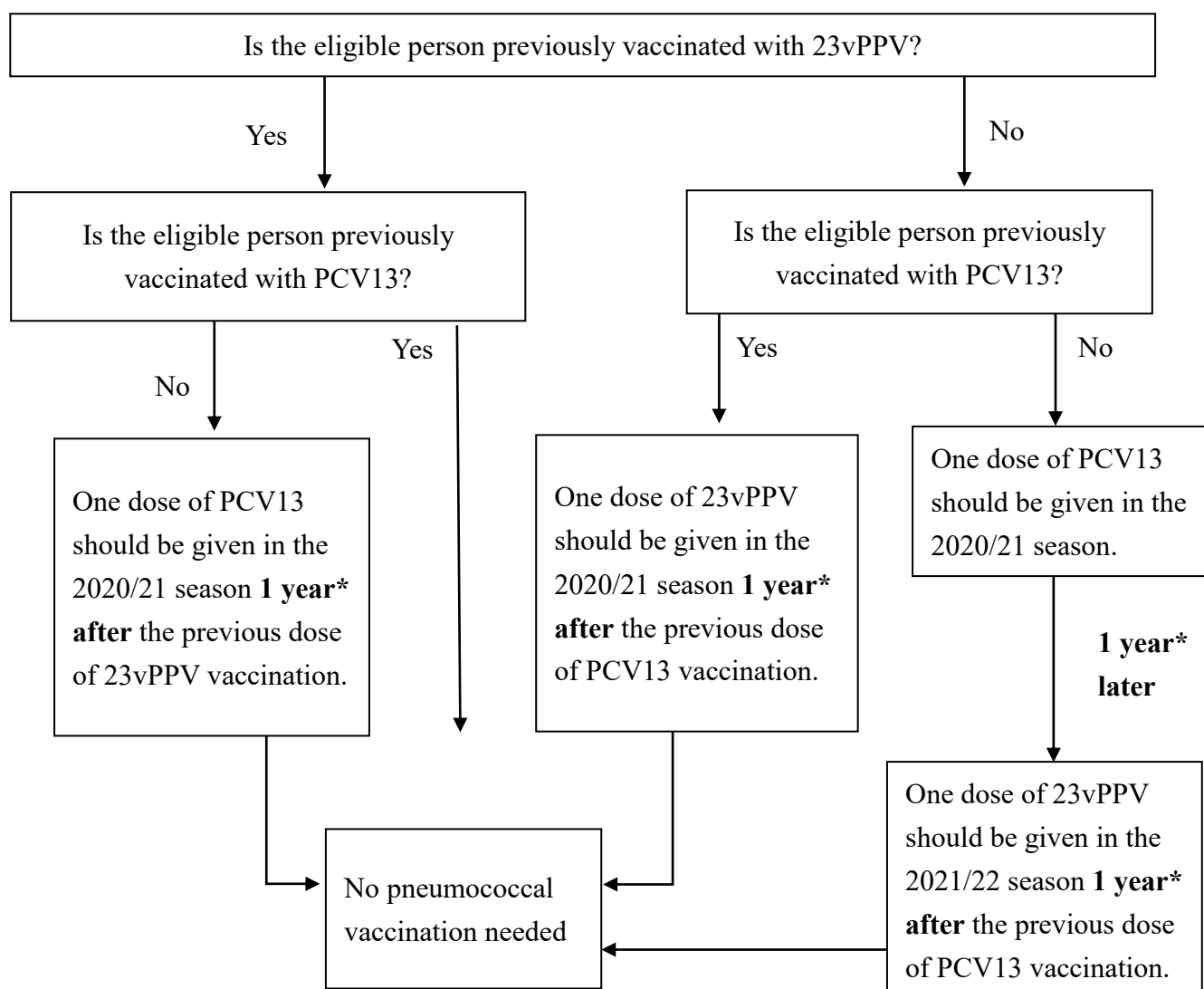


Flow chart of providing vaccination service under RVP



Appendix III

Flow chart illustrating the use of PCV13 and 23vPPV under RVP 2020/21:



- * 1 year is assumed to be one calendar year.
 e.g. 1st dose was given on 30/12/2019
 2nd dose should be given on or after 30/12/2020

Environmental Protection Department Notes to Healthcare Professionals on the Delivery of Clinical Waste to the Chemical Waste Treatment Centre (CWTC)

A healthcare professional (HCP)¹ may directly deliver clinical waste to the CWTC² for disposal but his/her liabilities under the Waste Disposal (Clinical Waste) (General) Regulation (the Regulation) will not be discharged unless the delivery of clinical waste is completed safely and properly. This includes:

- Clinical waste carried is not more than 5 kg and is not Group 4 waste;
- Clinical waste is packaged in an appropriate type of container, sealed and labelled properly;
- Only private car is used for the delivery.

The full requirements are stated in Section 4 of the Regulation and Section 6 of the Codes of Practice.

To self-deliver the clinical waste, the HCP must:

- provide a **clinical waste trip ticket**³ filled with relevant information, such as the name of the HCP, his/her HCP body registration number and the assigned **premises code**⁴ of the clinical waste producer;
- show his/her identity card and HCP registration number at the CWTC. For the sake of convenience, copies of HCP registration document is accepted;
- arrive CWTC during reception hours

The reception hours for receiving clinical waste delivered by HCP at the CWTC are 9:00 a.m. - 12:00 noon and 1:00 p.m. - 4:30 p.m. on Monday to Friday (except for public holiday). No prior appointment is required. For special circumstances and upon request with **3-day advance notice** with CWTC site office (tel: 2434 6372), the reception hour can be extended to 5:30 p.m. and reception services on Saturday from 1:00 pm to 5:30 pm can be provided (no reception services before 1:00 pm).

A charge at \$2,715 per 1,000 kg (or \$2.715 per kg)⁵ will be levied on the clinical waste as received and treated at the CWTC. The amount to be paid depends upon the weight of clinical waste received and only cash is accepted.

For any enquiries, please contact the Environmental Protection Department at 2835 1055 or visit the webpage: <https://www.epd.gov.hk/epd/clinicalwaste/en/index.html>.

Footnote

1. Healthcare professionals include registered medical practitioners, dentists and veterinary surgeons, registered or listed Chinese medicine practitioners, and registered or enrolled nurses as defined in the Regulation.

2. CWTC is located at 51 Tsing Yi Road South, Tsing Yi, New Territories, Hong Kong.
 3. Blank clinical waste trip tickets can be obtained from EPD by submitting the Request Form for Clinical Waste Trip Tickets. A set of 10 blank trip tickets will be distributed for each request.
https://www.epd.gov.hk/epd/clinicalwaste/file/Request%20Form%20for%20Clinical%20Waste%20Trip%20Tickets_en.pdf
 4. Premises code can be obtained from EPD by submitting the Premises Code Request Form, on which ‘outreach service’ should be annotated in the Producer Name for outreach vaccination activities:
[https://www.epd.gov.hk/epd/clinicalwaste/file/Premises%20Code%20Request%20Form%20\(Eng\).pdf](https://www.epd.gov.hk/epd/clinicalwaste/file/Premises%20Code%20Request%20Form%20(Eng).pdf)
 5. The charge is stipulated under the Waste Disposal (Charges for Disposal of Clinical Waste) Regulation.
-

訂單編號	送針日期
由本署職員填寫	

衛生署

2020/21 院舍防疫注射計劃
疫苗申請表格
(安老院舍)

附錄丁
訂針

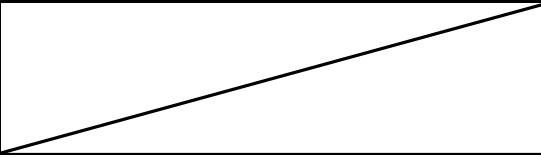
- 備註：1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真至本署（傳真號碼：2713 6916）。到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4474 與本署職員聯絡。**
2. 到診註冊醫生有責任於申請疫苗前，確認院友／職員是否符合資格免費接種季節性流感／肺炎球菌疫苗。
3. 到診註冊醫生需聯絡院舍安排負責人員接收疫苗；並預早確認院舍有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常，雪櫃內的溫度必須保持在攝氏 +2 度至 +8 度。
4. 通過提供此表格上需要填寫的資料，到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。有關該計劃的條款和條件以及附表會適時更新，詳情請瀏覽衛生防護中心網站（<https://www.chp.gov.hk/tc/features/21657.html>）。

甲部 院舍資料

安老院舍名稱：					
院舍編號：		院友總人數：		職員總人數：	

乙部 已同意接種疫苗的人數

	院友	職員	合共
已同意接種季節性流感疫苗的人數：			

已同意接種肺炎球菌疫苗的人數	院友	
13 價肺炎球菌結合疫苗：		
23 價肺炎球菌多醣疫苗：		

備註：1. 如從未接種任何肺炎球菌疫苗的院友，應**先接種** 13 價肺炎球菌結合疫苗。
2. 已接種 13 價肺炎球菌結合疫苗的院友，應於**接種後一年**接種 23 價肺炎球菌多醣疫苗。
3. 已接種 23 價肺炎球菌多醣疫苗的院友，應於**接種後一年**接種 13 價肺炎球菌結合疫苗。
4. 如已接種 23 價肺炎球菌多醣疫苗及 13 價肺炎球菌結合疫苗，於院舍防疫注射計劃下，則無需再安排接種肺炎球菌疫苗。

丙部 訂單及送貨資料

申請疫苗數目：	季節性流感疫苗	需訂 _____ 針	
疫苗資源寶貴， 請珍惜，勿浪費。	肺炎球菌疫苗	13 價肺炎球菌結合疫苗	23 價肺炎球菌多醣疫苗
		需訂 _____ 針	需訂 _____ 針
		*庫存疫苗數目： (即過往年度剩餘未過期的肺炎球菌疫苗)	已有 _____ 針

接種疫苗的日期：_____ 年 _____ 月 _____ 日 (時間：上午／下午／全日)
請先與院舍／宿舍確定接種日期，本署會聯絡院舍／宿舍確認送針日期。
疫苗派送時間為當日**上午十時至下午一時(上午)**或**下午二時至五時(下午)**。

送貨地址：
(請用中文填寫及註明送針樓層) _____

負責接收疫苗的院舍職員姓名：_____ 接收疫苗職員聯絡電話：_____

丁部 到診註冊醫生 (VMO) 資料

VMO 姓名：_____	VMO 註冊編號： M _____
VMO 聯絡電話：_____	VMO 傳真號碼： _____ VMO 簽署： _____

訂單編號	送針日期
由本署職員填寫	

衛生署

2020/21 院舍防疫注射計劃
疫苗申請表格
(安老院舍)

附錄丁
訂針

備註：1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真至本署（傳真號碼：2713 6916）。到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4474 與本署職員聯絡。**

2. 到診註冊醫生有責任於申請疫苗前，確認院友／職員是否符合資格免費接種季節性流感／肺炎球菌疫苗。

3. 到診註冊醫生需聯絡院舍安排負責人員接收疫苗；並預早確認院舍有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常，雪櫃內的溫度必須保持在攝氏 +2 度至 +8 度。

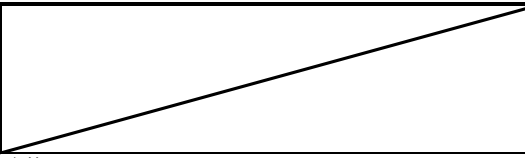
4. 通過提供此表格上需要填寫的資料，到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。有關該計劃的條款和條件以及附表會適時更新，詳情請瀏覽衛生防護中心網站（<https://www.chp.gov.hk/tc/features/21657.html>）。

甲部 院舍資料

安老院舍名稱：					
院舍編號：		院友總人數：		職員總人數：	

乙部 已同意接種疫苗的人數

已同意接種季節性流感疫苗的人數：	院友	職員	合共

已同意接種肺炎球菌疫苗的人數	院友	
13 價肺炎球菌結合疫苗：		
23 價肺炎球菌多醣疫苗：		

備註：1. 如從未接種任何肺炎球菌疫苗的院友，應**先接種** 13 價肺炎球菌結合疫苗。
2. 已接種 13 價肺炎球菌結合疫苗的院友，應於**接種後一年**接種 23 價肺炎球菌多醣疫苗。
3. 已接種 23 價肺炎球菌多醣疫苗的院友，應於**接種後一年**接種 13 價肺炎球菌結合疫苗。
4. 如已接種 23 價肺炎球菌多醣疫苗及 13 價肺炎球菌結合疫苗，於院舍防疫注射計劃下，則無需再安排接種肺炎球菌疫苗。

丙部 訂單及送貨資料

申請疫苗數目：	季節性流感疫苗	需訂 _____ 針	
疫苗資源寶貴， 請珍惜，勿浪費。	肺炎球菌疫苗	13 價肺炎球菌結合疫苗	23 價肺炎球菌多醣疫苗
		需訂 _____ 針	需訂 _____ 針
	*庫存疫苗數目： （即過往年度剩餘未過期的肺炎球菌疫苗）	已有 _____ 針	已有 _____ 針

接種疫苗的日期：_____ 年 _____ 月 _____ 日（時間：上午／下午／全日）
請先與院舍／宿舍確定接種日期，本署會聯絡院舍／宿舍確認送針日期。
 疫苗派送時間為當日上午十時至下午一時(上午)或下午二時至五時(下午)。

送貨地址：
(請用中文填寫及註明送針樓層) _____

負責接收疫苗的院舍職員姓名：_____ 接收疫苗職員聯絡電話：_____

丁部 到診註冊醫生（VMO）資料

VMO 姓名：_____	VMO 註冊編號： M _____
VMO 聯絡電話：_____	VMO 傳真號碼：_____ VMO 簽署：_____

訂單編號	送針日期
由本署職員填寫	

衛生署

2020/21 院舍防疫注射計劃
疫苗申請表格
(殘疾人士院舍)

附錄丁
訂針

備註：1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真至本署（傳真號碼：2544 3922）。到診註冊醫生如於傳真本表格後三
個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4455 與本署職員聯絡。**

2. 到診註冊醫生有責任於申請疫苗前，確認院友／宿生／職員是否符合資格免費接種季節性流感／肺炎球菌疫苗。

3. 到診註冊醫生需聯絡院舍／宿舍安排負責人員接收疫苗；並預早確認院舍／宿舍有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常，雪櫃內的溫度必須保持在攝氏+2 度至+8 度。

4. 通過提供此表格上需要填寫的資料，到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。有關該計劃的條款和條件以及附表會適時更新，詳情請瀏覽衛生防護中心網站（<https://www.chp.gov.hk/tc/features/21657.html>）。

甲部 院舍／宿舍資料

院舍／宿舍名稱：				院舍／宿舍編號：		
院友／宿生人數：	9 歲以下	9-64 歲	65 歲或以上	總人數	職員總人數：	
	_____	_____	_____	_____	_____	_____

乙部 已同意接種疫苗的人數

已同意接種 季節性流感疫苗 的人數：	院友／宿生人數		職員	合共
	只需注射一劑人數	需要注射兩劑人數*		
	_____	_____		

*只適用於 9 歲以下及從未接種過流感疫苗的兒童

已同意接種肺炎球菌疫苗的人數	1955 年或以前出生	1956 年出生 (須於 2021 年才可接種)	同意接種總人數
13 價肺炎球菌多醣疫苗：	_____	_____	_____
23 價肺炎球菌多醣疫苗：	_____	_____	_____

備註：1. 肺炎球菌疫苗只適用於 65 歲或以上的院友／宿生。
2. 如從未接種任何肺炎球菌疫苗的院友／宿生，應**先接種** 13 價肺炎球菌結合疫苗。
3. 已接種 13 價肺炎球菌結合疫苗的院友／宿生，應於**接種後一年**接種 23 價肺炎球菌多醣疫苗。
4. 已接種 23 價肺炎球菌多醣疫苗的院友／宿生，應於**接種後一年**接種 13 價肺炎球菌結合疫苗。
5. 如已接種 23 價肺炎球菌多醣疫苗及 13 價肺炎球菌結合疫苗，於院舍防疫注射計劃下，則無需再安排接種肺炎球菌疫苗。

丙部 訂單及送貨資料

申請疫苗數目：	季節性流感疫苗	需訂 _____ 針	
疫苗資源寶貴， 請珍惜，勿浪費。	肺炎球菌疫苗	13 價肺炎球菌結合疫苗	23 價肺炎球菌多醣疫苗
		需訂 _____ 針	需訂 _____ 針
	*庫存疫苗數目： (即過往年度剩餘未過期的肺炎球菌疫苗)	已有 _____ 針	已有 _____ 針

接種疫苗的日期：_____ 年 _____ 月 _____ 日 (時間：上午／下午／全日)
請先與院舍／宿舍確定接種日期，本署會聯絡院舍／宿舍確認送針日期。
疫苗派送時間為當日上午十時至下午一時(上午)或下午二時至五時(下午)。

送貨地址：
(請用中文填寫及註明送針樓層) _____

負責接收疫苗的院舍職員姓名：_____ 接收疫苗職員聯絡電話：_____

丁部 到診註冊醫生 (VMO) 資料

VMO 姓名：_____	VMO 註冊編號： M _____
VMO 聯絡電話：_____	VMO 傳真號碼：_____ VMO 簽署：_____

訂單編號	送針日期
由本署職員填寫	

衛生署

2020/21 院舍防疫注射計劃
疫苗申請表格
(留宿幼兒中心)

附錄丁
訂針

備註：1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真至本署（傳真號碼：2544 3922）。
 到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4455 與本署職員聯絡。**

2. 到診註冊醫生有責任於申請疫苗前，確認留宿幼兒／職員是否符合資格免費接種季節性流感疫苗。

3. 到診註冊醫生需聯絡中心安排負責人員接收疫苗；並預早確認中心有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常，雪櫃內的溫度必須保持在攝氏 +2 度至 +8 度。

4. 通過提供此表格上需要填寫的資料，到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。有關該計劃的條款和條件以及附表會適時更新，詳情請瀏覽衛生防護中心網站瀏覽（<https://www.chp.gov.hk/tc/features/21657.html>）。

甲部 留宿幼兒中心資料

中心名稱：			中心編號：	
留宿幼兒人數：	9 歲以下人數	9 歲或以上人數	入住院友／宿生總人數	
	_____	_____	_____	
職員總人數：	_____			

乙部 已同意接種疫苗的人數

已同意接種 季節性流感疫苗 的人數：	留宿幼兒人數		職員	合共
	只需注射一劑人數	需要注射兩劑人數*		
	_____	_____		
*只適用於 9 歲以下及從未接種過流感疫苗的兒童				

丙部 訂單及送貨資料

申請疫苗數目： 疫苗資源寶貴， 請珍惜，勿浪費。	季節性流感疫苗	需訂_____針
接種疫苗的日期：_____ 年 _____ 月 _____ 日（時間：上午／下午／全日） 請先與留宿幼兒中心確定接種日期，本署會聯絡中心確認送針日期。 疫苗派送時間為當日 上午十時至下午一時(上午)或下午二時至五時(下午)。		
送貨地址： (請用中文填寫及註明送針樓層) _____		
負責接收疫苗的中心職員姓名：_____		接收疫苗職員聯絡電話：_____

丁部 到診註冊醫生 (VMO) 資料

VMO 姓名：_____	VMO 註冊編號： M _____
VMO 聯絡電話：_____	VMO 傳真號碼：_____ VMO 簽署：_____

訂單編號	送針日期
由本署職員填寫	

衛生署

院舍防疫注射計劃 2020/21
為智障人士(非住院舍)提供流感疫苗
疫苗申請表格

P 4
訂針

備註：1. 由於訂購疫苗及安排運送需時，請於接種日期前最少 **10 個工作天** 填妥本表格並傳真至本署（傳真號碼：2544 3922）。

到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電 3975 4455 與本署職員聯絡。**

2. 到診註冊醫生有責任於申請疫苗前，確認服務使用者是否符合資格免費接種季節性流感疫苗。

3. 到診註冊醫生需聯絡學校／服務機構安排負責人員接收疫苗；並預早確認學校／服務機構有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常，雪櫃內的溫度必須保持在攝氏+2 度至+8 度。

4. 通過提供此表格上需要填寫的資料，到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。有關該計劃的條款和條件以及附表會適時更新，詳情請瀏覽衛生防護中心網站（<https://www.chp.gov.hk/tc/features/21657.html>）。

甲部 學校／服務機構資料

學校／服務機構名稱：			學校／服務機構編號：	
服務使用者人數： (智障人士)	9 歲或以上人數	_____	總人數	_____
	9 歲以下人數	_____		

乙部 已同意接種疫苗的人數

已同意接種 季節性流感疫苗 的人數：	服務使用者人數		同意接種總人數
	只需注射一劑人數	需要注射兩劑人數*	_____
	_____	_____	
*只適用於 9 歲以下及從未接種過流感疫苗的兒童			

丙部 訂單及送貨資料

申請疫苗數目：	季節性流感疫苗	需訂_____針
接種疫苗的日期：_____ 年 _____ 月 _____ 日（時間：上午／下午／全日） 請先與院舍／宿舍確定接種日期，本署會聯絡院舍／宿舍確認送針日期。 疫苗派送時間為當日 上午十時至下午一時(上午) 或 下午二時至五時(下午) 。		
送貨地址： (請用中文填寫及註明送針樓層) _____		
負責接收疫苗的院舍職員姓名：		接收疫苗職員聯絡電話：
_____		_____

丁部 到診註冊醫生 (VMO) 資料

VMO 姓名：	_____	VMO 註冊編號：	M _____
VMO 聯絡電話：	_____	VMO 傳真號碼：	_____
		VMO 簽署：	_____

Appendix VI

Request form for Clinical Waste Collection Service under RVP 2020/21

Page _____ of _____

To: Programme Management and Vaccination Division, Centre for Health Protection
Fax no.: 2713 6916

Clinical Waste Collection Service under Residential Care Home Vaccination Programme (RVP) 2020/21

I hereby request for clinical waste collection service for the following Residential Care Home(s) /
Designated Institution(s) serving persons with intellectual disability / Residential Child Care Centre(s).

Code of RCH ¹ / PID ² / RCCC ³	Name of RCH ¹ / PID ² / RCCC ³	Quantity of Sharp Box(es)	Total Weight (kg)
<u>Example:</u> AB1234	ABC Elderly Home	1	0.5

¹ RCH – Residential Care Home(s)

² PID – Designated Institution(s) serving Persons with Intellectual Disability

³ RCCC – Residential Child Care Centre(s)

Signature of
Visiting Medical Officer: _____

Name of
Visiting Medical Officer: _____

Date: _____

(Please submit this request form by 31 May 2021.)

