

FOR ELDERLY AGED 65 OR ABOVE

Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health

<small>eHS(S) Transaction No. (For Doctor's Use)</small>	
ONE TRANSACTION NUMBER ONLY	
TG	- -

Note: Please complete this form in BLOCK letters using black or blue pen. Put a "✓" in the appropriate box and *delete as appropriate. **If two vaccines are given in the same visit, only one consent form is required. Otherwise, two separate consent forms must be filled out.** Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.

I consent to use the Government subsidy for myself to receive Seasonal Influenza Vaccination / Pneumococcal Vaccination under the Vaccination Subsidy Scheme with details as follows:

Name of Doctor	Date of Vaccination
Place of Vaccination	
Types of Vaccination (Put a "✓" in the most appropriate box)	
<input type="checkbox"/> Quadrivalent Inactivated Seasonal Influenza Vaccination	<input type="checkbox"/> Quadrivalent Recombinant Seasonal Influenza Vaccination
<input type="checkbox"/> 23-valent Pneumococcal Polysaccharide Vaccination (23vPPV) #	OR
	<input type="checkbox"/> 13-valent Pneumococcal Conjugate Vaccination (PCV13) #
<p># Elderly without high-risk conditions can receive 1 dose of 23vPPV with subsidy; Elderly with high-risk conditions can receive subsidy for 1 dose of PCV13 and 1 dose of 23vPPV one year after. The interval between the two doses must be at least one year.</p>	
<input type="checkbox"/> Certified by attending enrolled doctor that the elderly person is with <u>high-risk conditions</u> :	After you save the signed form, you will no longer be able to edit it. Save a copy first before you sign, if necessary. Please sign your name here
_____ Signature of Attending Enrolled Doctor	

Personal Details of Recipient (as indicated on identity document)	
Name: _____, (English) (surname) (given name)	_____ (Chinese) (surname) (given name)
Date of Birth: _____ (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)											
<input type="checkbox"/> Hong Kong Identity Card No.: Date of Issue: _____ (dd/mm/yy)	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> </td> <td style="border: none; text-align: center;"> </td> <td style="border: none; text-align: center;"> </td> <td style="border: none; text-align: center;"> </td> <td style="border: none;">()</td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U</td> </tr> </table>					()	HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U				
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HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U											
<input type="checkbox"/> Serial No. of the Certificate of Exemption: Reference No.: _____ HKID No. shown on the Certificate: Date of Issue: _____ (dd/mm/yyyy)	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> </td> <td style="border: none; text-align: center;"> </td> <td style="border: none; text-align: center;"> </td> <td style="border: none; text-align: center;"> </td> <td style="border: none; text-align: center;"> </td> <td style="border: none;">()</td> </tr> </table>						()				
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I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data. After you save the signed form, you will no longer be able to edit it. Save a copy first before you sign, if necessary. Please sign your name here

Signature of Recipient (or finger print if illiterate[△]): _____

Contact Telephone No.: _____ Date: _____

[△] Also complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence. After you save the signed form, you will no longer be able to edit it. Save a copy first before you sign, if necessary. Please sign your name here

Name of Witness (in English): _____ Signature of Witness: _____

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

Contact Telephone No.: _____

Complete the following only if recipient is mentally incapacitated After you save the signed form, you will no longer be able to edit it. Save a copy first before you sign, if necessary. Please sign your name here

Name of Guardian (in English): _____ Signature of Guardian: _____

Contact Telephone No.: _____ Date: _____

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to the doctor to transfer and release my personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether myself has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read my personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] stored in the chip embodied in my Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data".
4. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (b) for statistical and research purposes;
 - (c) for receiving vaccination information provided by the Government; and
 - (d) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

Classes of Transferees

4. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

5. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
Executive Officer (Vaccination Subsidy Scheme)
Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon
Telephone No.: 2125 2125