FOR ELDERLY AGED 65 OR ABOVE

Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health

eHS(S) Tran	nsaction No. (I	For Doctor's Use)
ONE TRAN	ISACTION N	UMBER ONLY
TG	_	_
10	=	

Note: Please complete this form in BLOCK letters using black or blue pen.

Put a "\sqrt{n}" 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:

Scheme with details as follows:							·		
Name of Doctor			Date of Vaccina	ation					
Place of Vaccination				.					
Types of Vaccination (Pu	ut a "✓" in the most app	propriate box)							
Quadrivalent Inactivated	l Seasonal Influenza Va	ccination	Quadri	valent Recom	nbinant Season	al Influenza V	accination		
23-valent Pneumococcal Polysaccharide Vaccination (23vPPV) # 13-valent Pneumococcal Conjugate Vaccination (PCV13) &						ent Pneumocoo ation (PCV15	ccal Conjugate) &		
# Elderly can receive 1 debefore, or (b) with high-resk Elderly with high-risk year before or (b) has never the second of the se	risk conditions but has r conditions can receive ver received any type of	eceived 1 dose of PCV1: subsidy for 1 dose of PC f pneumococcal vaccinat	3 or PCV15 at lead V13 or PCV15 if ion before.	st one year b	e has received o	-			
The interval between the	two doses of any type	of pneumococcal vaccina	ation must be at le	east one year.					
Certified by attending er is with high-risk condition		lderly person		_	Signature of	Attending En	rolled Doctor		
Personal Details of Recipier	nt (as indicated on ident	ity document)							
Name:(English) (surname)	(given name)		(Chinese)	(surname)	(giver	n name)		
Date of Birth://	(dd/mm/yyyy)		Sex: □ N					
Identity Document (Please p			nber as appropria	te)					
Hong Kong Identity Ca	ard No.:			IC Symbol:			()		
Serial No. of the Certif	icate of Exemption:			ic Symbol.			<u> </u>		
Reference No.:									
HKID No. shown on th	ne Certificate:								
Date of Issue:/_	/ (dd/mm/y	уууу)					()		
I have read / been inform	ed and fully understo	od my obligation and	liability under	this consent	form and the	e Statement	of Purpose of		
Collection of Personal Data		•	·				-		
Signature of Recipient (or fin	ger print if illiterate ⁴):			lata					
Contact Telephone No.: ^Δ Also complete the following	ng if the recipient has i	mental canacity but is i		ate:					
This document has been read									
Name of Witness (in English)):			Signature o	f Witness:				
Hong Kong Identity Card No	.:		(X)		Date:				
(only the alphabet and the first three digits are required)				Contact Telephone No.:					
Complete the following only	y if recipient is mental	ly incapacitated							
Name of Guardian (in English	h):			Signature of	Guardian:				
Contact Telephone No.:					Date:				
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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