

Five steps of checking vaccination record in eHealth System (Subsidies)

(Log in eHealth System (Subsidies) using English interface)

Step 1: Visiting medical officer (VMO) collects duly completed consent forms from Residential Care Home for the Elderly (RCHE)/ Residential Care Home for Persons with Disabilities (RCHD) / designated institutions serving persons with intellectual disability (PID) at least 10 days before vaccination day.

Step 2: Check recipient's eligibility for Seasonal influenza vaccination (SIV):

- All residents and staff of RCHE / RCHD; and
- PID receiving service in designated institutions are eligible.

If recipient (9 years old or above) has already received SIV on or after 1 Sep 2017, no further dose of SIV should be given under RVP 2017/18. (For the children under 9 years old who have never received any SIV are recommended to receive 2 doses of SIV with a minimum interval of 4 weeks)

Pneumococcal vaccination:

- Residents of RCHE; and
- Residents aged 65 years or above of RCHD

are eligible for pneumococcal vaccination depending on their past vaccination history:-

- (a) Residents who have already received 23vPPV are eligible for one dose of free PCV13 1 year after previous 23vPPV vaccination.
- (b) Residents who have already received PCV13 are eligible for one dose of free 23vPPV 1 year after previous PCV13 vaccination
- (c) Residents who have never received PCV13 or 23vPPV before are eligible for one dose of free PCV13, and followed by one dose of free 23vPPV 1 year later.

Step 3: Log in the eHS(S) and select the “Vaccination Record Enquiry” function.

Select Vaccination Record Enquiry.

Select document type

Enter identity information and click “Search”

Step 4: Check recipient's past vaccination records through the eHS(S)

Final Step 5: Record down the dates of past vaccination record of vaccines onto consent forms

- If recipient has a validated eHealth (Subsidies) account, record down the date(s) of past vaccination record of SIV and pneumococcal vaccination onto the consent form.
- If recipient does not have a validated eHealth (Subsidies) account, input name and gender for searching past vaccination record, proceed to enquiry, record down the date(s) of past vaccination record of SIV and pneumococcal vaccination onto the consent form and create eHealth (Subsidies) account for the recipient.

If recipient has a validated eHealth (Subsidies) account

Vaccination Record

No. of records: eHealth System (Subsidies) [8] Hospital Authority [0]

Injection Date	Vaccine	Dose	Information Provider	Remarks
23 Feb 2017	Pneumococcal (23vPPV)	N/A	Residential Care Home (eHS(S))	
22 Feb 2017	Seasonal Influenza 2016/2017 (Quad)	N/A	Residential Care Home (eHS(S))	
29 Oct 2015	Seasonal Influenza 2015/2016 (Quad)	N/A	Residential Care Home (eHS(S))	
14 Nov 2014	Seasonal Influenza 2014/2015	N/A	Residential Care Home (eHS(S))	
07 Nov 2013	Seasonal Influenza 2013/2014	N/A	Residential Care Home (eHS(S))	
13 Nov 2012	Seasonal Influenza 2012/2013	N/A	Residential Care Home (eHS(S))	
07 Nov 2011	Seasonal Influenza 2011/2012	N/A	Residential Care Home (eHS(S))	
16 Dec 2010	Seasonal Influenza 2010/2011	N/A	Residential Care Home (eHS(S))	

Page 1 of 1 (8 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

Match the recipient's information. Past vaccination records are shown

Press "Return" to start over checking for another recipient.

Record down the month and year of previous vaccination history onto the recipient's consent form

RCH Code	
(To be completed by RCH)	
Previous Vaccination	(MM/YY)
Seasonal Influenza	/
PCV13	/
23vPPV	/
(To be completed by VMO)	

School / Institution Code	
(To be completed by School / Institution)	
Previous Seasonal Influenza Vaccination	(MM/YY)
/	/
(To be completed by VMO)	

If recipient does not have a validated eHealth (Subsidies) account

eHealth System (Subsidies) - Vaccination Record Enquiry - Google Chrome

https://apps.hcv.gov.hk/HCSPP/VaccinationRecordEnquiry/VaccinationRecordEnquiry.aspx?PageKey=e3cd034

Health System (Subsidies)

VO, RCHD

Vaccination Record Enquiry

No validated eHealth (Subsidies) Account can be found in eHealth System. To view patient's vaccination records (if any), please input the "Name in English" and "Gender".

Input Recipient Information

Recipient Information

Document Type: Hong Kong Identity Card

Document No.: C12345678

DOB: 29-09-1920

Name in English: CHAN, TAI MAN (Surname) (Given name)

Gender: ☐ Female ☒ Male

Cancel Next

Input name and gender for searching vaccination records.

eHealth System (Subsidies) - Vaccination Record Enquiry - Google Chrome

https://apps.hcv.gov.hk/HCSPP/VaccinationRecordEnquiry/VaccinationRecordEnquiry.aspx?PageKey=e3cd034

Health System (Subsidies)

VO, RCHD

Vaccination Record Enquiry

Confirm Recipient Information

Recipient Information

Document Type: Hong Kong Identity Card

Document No.: C12345678

DOB: 29-09-1920

Name in English: CHAN, TAI MAN

Gender: Male

Back Proceed to Enquiry

Match the recipient's information and click "Proceed to Enquiry"

Vaccination records are shown.

Vaccination Record

No. of records: eHealth System (Subsidies) [8] Hospital Authority [0]

Injection Date	Vaccine	Dose	Information Provider	Remarks
23 Feb 2017	Pneumococcal (23vPPV)	N/A	Residential Care Home (eHS(S))	
22 Feb 2017	Seasonal Influenza 2016/2017 (Quad)	N/A	Residential Care Home (eHS(S))	
29 Oct 2015	Seasonal Influenza 2015/2016 (Quad)	N/A	Residential Care Home (eHS(S))	
14 Nov 2014	Seasonal Influenza 2014/2015	N/A	Residential Care Home (eHS(S))	
07 Nov 2013	Seasonal Influenza 2013/2014	N/A	Residential Care Home (eHS(S))	
13 Nov 2012	Seasonal Influenza 2012/2013	N/A	Residential Care Home (eHS(S))	
07 Nov 2011	Seasonal Influenza 2011/2012	N/A	Residential Care Home (eHS(S))	
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Page 1 of 1 (8 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

Press "Proceed to Claim" to create account.

If you have difficulties checking the vaccination record, please call our hotline 2125 2125. Or you may visit the following link for "Easy Guide" of the eHealth System (Subsidies). <https://apps.hcv.gov.hk/HCSPP/Demo/ZH/serviceprovider.htm>

(I) Consent form for residents and staff of RCHE/RCHD

RCH Code		Department of Health		eHS(S) Transaction No.	
(To be completed by RCH)		Residential Care Home Vaccination Programme		1. TR 2. TR	
Previous Vaccination (MM/YY)		Type of Vaccines*		Vaccination Date in 2017/18 (DD/MM/YY)	
Seasonal Influenza		TIV / QIV		/ /	
PCV13		23vPPV		/ /	
(To be completed by VMO)		Name of VMO:			
<p>1. Please complete this form and return it to the Resident Medical Officer (VMO) at the RCHE/RCHD at 10 working days prior to vaccination.</p> <p>2. Duly completed and signed by the VMO, this form is to be used by the health care professional for the purpose set out in the "Statement of Purpose".</p>					
<p>Part A Personal Particulars of the recipient (as stated on the identity document)</p> <p>Name: (English) (Chinese)</p> <p>Date of Birth: dd mm yy</p> <p>Relationship with the recipient: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian</p>					
<p>Part B Undertaking and Declaration [Please fill in either Part (I) or (II) or (III) or (IV)]</p> <p>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).</p> <p>(I) To be completed by the Recipient (Please insert a "x" as appropriate.)</p> <p><input type="checkbox"/> I am staff of residential care home for elderly / persons with disabilities. I consent to receive Seasonal Influenza vaccination. OR</p> <p><input type="checkbox"/> I am a resident/boarder of residential care home for <input type="checkbox"/> elderly / <input type="checkbox"/> persons with disabilities.</p> <p><input type="checkbox"/> I consent to receive the following vaccine(s):</p> <p><input type="checkbox"/> Seasonal Influenza vaccine <input type="checkbox"/> 13-valent pneumococcal conjugate vaccine <input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine</p> <p>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 health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".</p> <p>Signature of Recipient (or finger print if illiterate, witness to complete Part C) _____ Date _____</p> <p>(II) To be completed by Parent/Guardian of the Recipient (Please insert a "x" as appropriate.)</p> <p>I confirm that the recipient is a resident/boarder of residential care home for <input type="checkbox"/> elderly <input type="checkbox"/> persons with disabilities.</p> <p>I give my consent for the recipient to receive the following vaccination(s):</p> <p><input type="checkbox"/> Seasonal Influenza vaccine <input type="checkbox"/> 13-valent pneumococcal conjugate vaccine <input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine</p> <p>Children aged below 9 who have never received any Seasonal Influenza vaccine can receive 2 doses in this vaccination season. Children aged below 9 and received Seasonal Influenza vaccine in previous season are recommended to receive 1 dose of vaccine.</p> <p><input type="checkbox"/> First and only dose <input type="checkbox"/> First dose of Seasonal Influenza vaccine <input type="checkbox"/> Second dose of Seasonal Influenza vaccine</p> <p>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 health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".</p> <p>Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C) _____ Name of Parent/Guardian _____</p> <p>Hong Kong Identity Card No. / Social Welfare Department Staff No. _____ Date _____</p> <p>Relationship with the recipient: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian</p> <p>(III) To be completed by Relative of the Recipient (Please insert a "x" as appropriate.)</p> <p>I have attempted but could not contact Parent/Guardian of the recipient and I agree to providing the following vaccination to the recipient:</p> <p><input type="checkbox"/> Seasonal Influenza vaccine <input type="checkbox"/> 13-valent pneumococcal conjugate vaccine <input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine</p> <p>Signature of the Relative _____ Name of the Relative _____</p> <p>Hong Kong Identity Card No. (e.g. A123) _____ Date _____</p> <p>Relationship with the recipient _____</p> <p>(IV) To be completed by In-charge Person of RCH</p> <p>We have attempted but could not contact Parent/Guardian of the recipient.</p> <p>Signature of In-charge Person _____ Official Chop: _____</p> <p>Name of In-charge Person _____ Date _____</p> <p>Post / Title _____</p> <p>Part C To be Completed by the Witness (if applicable)</p> <p>This document has been read and explained to the recipient or Parent/Guardian of the recipient in my presence.</p> <p>Signature of witness _____ Name of witness _____</p> <p>Hong Kong Identity Card No. (e.g. A123) _____ Date _____</p> <p>Updated in September 2017</p>					

(II) Consent form for PID receiving service in designated institutions

School / Institution Code		Department of Health		eHS(S) Transaction No.	
(To be completed by School / Institution)		Seasonal Influenza Vaccination for Persons with Intellectual Disability (Non-institutionalized) Under Residential Care Home Vaccination Programme		1. TR 2. TR	
Previous Vaccination (MM/YY)		Type of Seasonal Influenza Vaccine		Vaccination Date in 2017/18 (DD/MM/YY)	
/		<input type="checkbox"/> Trivalent <input type="checkbox"/> Quadrivalent		/ /	
(To be completed by VMO)		1 st or only dose		2 nd dose	
		/ /		/ /	
		Name of VMO:			
<p>1. Please complete this form and return it to the Resident Medical Officer (VMO) at the RCHE/RCHD at 10 working days prior to vaccination.</p> <p>2. Duly completed and signed by the VMO, this form is to be used by the health care professional for the purpose set out in the "Statement of Purpose".</p>					
<p>Part A Personal Particulars of the recipient (as stated on the identity document)</p> <p>Name: (English) (Chinese)</p> <p>Date of Birth: dd mm yy</p> <p>Relationship with the recipient: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian</p>					
<p>Part B Undertaking and Declaration [Please fill in either Part (I) or (II) or (III)]</p> <p>(I) To be completed by Parent/Guardian of the Recipient (Please insert a "x" as appropriate.)</p> <p><input type="checkbox"/> I confirm that the above service user is a person with intellectual disability. I give my consent for the above service user to receive Seasonal Influenza vaccine.</p> <p>Service user aged below 9 who have never received any Seasonal Influenza vaccine can receive 2 doses in this vaccination season. Children aged below 9 and received Seasonal Influenza vaccine in previous season are recommended to receive 1 dose of vaccine.</p> <p><input type="checkbox"/> First and only dose <input type="checkbox"/> First dose of Seasonal Influenza vaccine <input type="checkbox"/> Second dose of Seasonal Influenza vaccine</p> <p>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 health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".</p> <p>Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C) _____ Name of Parent/Guardian _____</p> <p>Hong Kong Identity Card No. / Social Welfare Department Staff No. _____ Date _____</p> <p>Relationship with the recipient: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian</p> <p>(II) To be completed by Relative of the Recipient (Please insert a "x" as appropriate.)</p> <p>I have attempted but could not contact Parent/Guardian of the recipient and I agree to providing Seasonal Influenza Vaccination to the recipient:</p> <p><input type="checkbox"/> First and only dose <input type="checkbox"/> First dose of Seasonal Influenza vaccine <input type="checkbox"/> Second dose of Seasonal Influenza vaccine</p> <p>Signature of the Relative _____ Name of the Relative _____</p> <p>Hong Kong Identity Card No. (e.g. A123) _____ Date _____</p> <p>Relationship with the recipient _____</p> <p>(III) To be completed by In-charge Person of School / Institution</p> <p>We have attempted but could not contact Parent/Guardian of the recipient.</p> <p>Signature of In-charge Person _____ Official Chop: _____</p> <p>Name of In-charge Person _____ Date _____</p> <p>Post / Title _____</p> <p>Part C To be Completed by the Witness (if applicable)</p> <p>This document has been read and explained to the Parent/Guardian of the recipient in my presence.</p> <p>Signature of witness _____ Name of witness _____</p> <p>Hong Kong Identity Card No. (e.g. A123) _____ Date _____</p> <p>Updated in September 2017</p>					