

## 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 2018, no further dose of SIV should be given under RVP 2018/19. (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.

The first screenshot shows the main menu of the eHealth System (Subsidies) website. A blue callout box labeled "Select Vaccination Record Enquiry." points to the "Vaccination Record Enquiry" link in the left-hand navigation menu.

The second screenshot shows the "Vaccination Record Enquiry" page. A blue callout box labeled "Select document type" points to the "Document Type" dropdown menu. Another blue callout box labeled "Enter identity information and click 'Search'" points to the "Search" button at the bottom of the page.

On the "Vaccination Record Enquiry" page, the "Document Type" dropdown is expanded, showing options: 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, and Permit to Remain in HKSAR (ID 2368).

The "Search" button is located at the bottom of the page, next to the "Read Card and Search" button.

#### 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
1 23 Feb 2017	Pneumococcal (23vPPV)	N/A	Residential Care Home (eHS(S))	
2 22 Feb 2017	Seasonal Influenza 2016/2017 (Quad)	N/A	Residential Care Home (eHS(S))	
3 29 Oct 2015	Seasonal Influenza 2015/2016 (Quad)	N/A	Residential Care Home (eHS(S))	
4 14 Nov 2014	Seasonal Influenza 2014/2015	N/A	Residential Care Home (eHS(S))	
5 07 Nov 2013	Seasonal Influenza 2013/2014	N/A	Residential Care Home (eHS(S))	
6 13 Nov 2012	Seasonal Influenza 2012/2013	N/A	Residential Care Home (eHS(S))	
7 07 Nov 2011	Seasonal Influenza 2011/2012	N/A	Residential Care Home (eHS(S))	
8 16 Dec 2010	Seasonal Influenza 2010/2011	N/A	Residential Care Home (eHS(S))	

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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		School / Institution Code	
(To be completed by RCH)		(To be completed by School / Institution)	
Previous Vaccination	(MM/YY)	Previous Seasonal Influenza Vaccination	(MM/YY)
Seasonal Influenza	/		/
PCV13	/		/
23vPPV	/		/
(To be completed by VMO)		(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=e3c034

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=e3c034

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 (Surname) (Given name)

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
1 23 Feb 2017	Pneumococcal (23vPPV)	N/A	Residential Care Home (eHS(S))	
2 22 Feb 2017	Seasonal Influenza 2016/2017 (Quad)	N/A	Residential Care Home (eHS(S))	
3 29 Oct 2015	Seasonal Influenza 2015/2016 (Quad)	N/A	Residential Care Home (eHS(S))	
4 14 Nov 2014	Seasonal Influenza 2014/2015	N/A	Residential Care Home (eHS(S))	
5 07 Nov 2013	Seasonal Influenza 2013/2014	N/A	Residential Care Home (eHS(S))	
6 13 Nov 2012	Seasonal Influenza 2012/2013	N/A	Residential Care Home (eHS(S))	
7 07 Nov 2011	Seasonal Influenza 2011/2012	N/A	Residential Care Home (eHS(S))	
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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

<b>Department of Health</b> <b>Residential Care Home Vaccination Programme</b> <b>Vaccination Consent Form</b>		eHS(S) Transaction No. 1. TR 2. TR Type of Vaccines* SIV PCV13 23vPPV Name of VMO:	
RCH Code (To be completed by RCH)		Vaccination Date in 2018/19 (DD/MM/YY)	
Previous Vaccination (MM/YY) SIV PCV13 23vPPV		Name of VMO:	
Note: 1. Please complete this form prior to vaccination. 2. Duly completed and signed by the resident or the person providing vaccination.		Signature of VMO (or finger print if illiterate, witness to complete Part C)	
Personal Particulars Name (English) Name (Chinese) Date of Birth (DD/MM/YY) Date of Issue (dd/mm/yyyy)		Signature of Recipient (or finger print if illiterate, witness to complete Part C)	
Check the completeness of the Consent Form		Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C)	
Fill in the month and year of previous vaccination after checking the record via eHS(S) or from vaccination cards / medical records		Fill in name of VMO and the dates of vaccination after providing vaccination	
Fill in name of VMO and the dates of vaccination after providing vaccination		Check the completeness of the Consent Form	

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

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

<b>Department of Health</b> <b>Seasonal Influenza Vaccination for Persons with Intellectual Disability (Non-institutionalized) Under Residential Care Home Vaccination Programme</b> <b>Vaccination Consent Form</b>		eHS(S) Transaction No. 1. TR 2. TR Seasonal Influenza Vaccine Vaccination Date in 2018/19 (DD/MM/YY) 1 <sup>st</sup> or only dose 2 <sup>nd</sup> dose Name of VMO:	
School / Institution Code (To be completed by School / Institution)		Vaccination Date in 2018/19 (DD/MM/YY)	
Previous Seasonal Influenza Vaccination (MM/YY) / /		Name of VMO:	
Note: 1. Please complete this form prior to vaccination. 2. Duly completed and signed by the resident or the person providing vaccination.		Signature of VMO (or finger print if illiterate, witness to complete Part C)	
Personal Particulars Name (English) Name (Chinese) Date of Birth (DD/MM/YY) Date of Issue (dd/mm/yyyy)		Signature of Recipient (or finger print if illiterate, witness to complete Part C)	
Check the completeness of the Consent Form		Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C)	
Fill in the date of previous vaccination after checking the record via eHS(S) or from vaccination cards / medical records		Fill in name of VMO and the dates of vaccination after providing vaccination	
Fill in name of VMO and the dates of vaccination after providing vaccination		Check the completeness of the Consent Form	

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