

**Vaccination Subsidy Scheme (VSS)**  
**Medical Certificate for Persons with Intellectual Disability**

This form is to be completed and kept by the attending registered medical practitioner to certify that the person named below is a Person with Intellectual Disability for the purpose of claiming vaccination subsidy under VSS 2023/24.

Name: \_\_\_\_\_(English) \_\_\_\_\_(Chinese)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_(DD/MM/YYYY)

Identity Document No.: \_\_\_\_\_  
(the first four digit)

Signature of attending doctor: \_\_\_\_\_

Name of attending doctor: \_\_\_\_\_

Clinic Chop:

Date: \_\_\_\_\_