

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 2018/19.

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 : _____