

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.

Name: _____(English) _____(Chinese)

Date of Birth: ____/____/____(DD/MM/YYYY)

Identity Document No.: _____
(First 4 digits only)

Signature:

(_____)
(Name of attending doctor)

Chop of clinic

Date: _____