

**Persons with Intellectual Disability Vaccination Subsidy Scheme
(PIDVSS)**

智障人士疫苗資助計劃

Medical Certificate

醫生證明書

This is to certify the person named below is a Person with Intellectual Disability for the purpose of claiming vaccination subsidy under PIDVSS 2015/16.

茲證明下列人士是符合 [2015/16 智障人士疫苗資助計劃] 接受資助資格的智障人士

Name: _____(English) (英文)

姓名 _____(Chinese) (中文)

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

出生日期 (日日/月月/年年年年)

Identity Document No.: _____

身分證明文件 (the first four digit) (首 4 個數字)

Signature of attending doctor:_____

醫生簽署

Name of attending doctor: _____

醫生姓名

Date : _____

日期