

To whom it may concern
敬啟者

Date of issue of letter 發出日期

Certification for Specific Group of Immunocompromised Persons for COVID-19 Vaccination

就新冠疫苗接種特定組別的免疫力弱人士確認證

This is to certify that the following person
茲證明以下人士

Name 姓名
(as in identification
document)
(如身份證明文件)

: _____

Date of Birth 出生日期
(Optional 可選擇是否填寫)

: _____(DD/MM/YYYY)

**Document Type &
Number**

證件種類及號碼
(Optional 可選擇是否填寫)

☐ HKID number 香港身份證號碼 _____

☐ Passport number 護照號碼 _____

☐ Others, please specify type and number

其他，請註明種類及號碼 _____

belongs to the specific group of immunocompromised persons (See Annex).
屬於特定組別的免疫力弱人士（見附頁）。

(_____)

Signature and Name of Registered Medical Practitioner
註冊醫生簽署及姓名

This certification remains valid for 6 months from the date of issue.
此確認證的有效期為簽發日期的6個月內。

Immunocompromised Persons 免疫力弱人士

Group 類別	Details 詳情
Active cancer 現正患上癌症	Active immunosuppressive treatment for solid tumor or hematological malignancy (including leukaemia, lymphoma, and myeloma), or within 12 months of ending such treatment 正接受腫瘤或血癌（包括白血病、淋巴瘤和骨髓瘤）免疫抑制治療，或於結束此類治療12個月內
Transplant recipients 移植接受者	Receipt of solid-organ transplant and taking immunosuppressive therapy 曾接受器官移植並正接受免疫抑制治療 Receipt of stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy) 曾接受幹細胞移植（於兩年內曾接受移植或免疫抑制治療）
Immunodeficiency 免疫缺陷病	Severe primary immunodeficiency 重度原發性免疫缺陷症 Chronic dialysis 正長期接受透析治療
HIV Infection 愛滋病病毒感染	HIV with a current CD4 cell count of <200 cells/μl, evidence of an opportunistic infection, not on HIV treatment, and/or with a detectable viral load 愛滋病病毒感染及現時CD4淋巴細胞指數少於每微升 200個細胞、有併發機會性感染、未接受愛滋病病毒治療和 / 或病毒載量可檢測到
Immunosuppressives 免疫抑制藥物	Active treatment causing significant immunosuppression, including high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents, tumor-necrosis factor (TNF) blockers, or other highly immunosuppressive drugs 正接受藥物治療導致顯著免疫抑制，包括高劑量皮質類固醇、烷化劑、抗代謝藥物、器官移植相關的免疫抑制藥物、癌症化療藥物、腫瘤壞死因子(TNF)抑制劑或其他重度免疫抑制藥物 Immunosuppressive chemotherapy or radiotherapy within the past 6 months 過去 6 個月內接受過免疫抑制性化療或放射治療
Other immunocompromised conditions, please specify / 其他免疫能力較低的情況，請註明：	

With reference to the latest Consensus Interim Recommendation on the Use of COVID-19 Vaccines published by the Scientific Committee on Emerging and Zoonotic Diseases and Scientific Committee on Vaccine Preventable Diseases, the above specific groups of persons are considered eligible to receive COVID-19 vaccines as immunocompromised persons.

根據新發現及動物傳染病科學委員會及疫苗可預防疾病科學委員會最新發表的暫擬共識建議，屬於以上特定組別的人士符合按免疫力弱人士的建議接種2019 冠狀病毒病疫苗的資格。