

Briefing on Residential Care Home Vaccination Programme 2019/20

22 October 2019



衛生署
Department of Health

- Provide alternative arrangement
 - No need for excel file
 - No manipulation on the new functions of eHS(S)
- Go through the alternative arrangement
- Answer your questions

The (*?Old*) Alternative

On checking vaccination records
and submission of claims

At Least 20 Working Days before Vaccination Day -- *check vaccination record via the old way*

- Collect duly completed **consent forms** from RCH/RCCCC/DIs
- Get the consent forms ready
- Log into eHS(S) for Vaccination Record Checking

Vaccination Records Checking

Menu

- Claim
- Vaccination Record Enquiry**
- Vaccination File Management
- Record Confirmation
- Claim Transaction Management
- eHealth (Subsidies) Account Rectification
- Monthly Statement

Login Information

Last Successful Login: 14 Oct 2019 16:56
Last Failure Login: 16 Oct 2019 20:10

Your password has not been changed for 285 days. To better safeguard the system security, you are advised to change your password now.

What's New

confirm that they are all made in relation to healthcare services that you are responsible for.

30 Sep 2019 Reminder: Use of Smart ID card readers in the eHealth System (Subsidies). Please see Inbox Message issued on 30 September 2019 for details.

30 Sep 2019 Reminders: Issues on Updates on Particulars of Enrolled Health Care Provider. Please see Inbox Messages issued on 30 September 2019 for details.

Task List



Vaccination Record Enquiry

Menu

Search Account

☒ Document Type ⓘ

- ☒ Hong Kong Identity Card
- ☐ Hong Kong Birth Certificate (Established)
- ☐ Non-Hong Kong Travel Documents
- ☐ Certificate of Exemption
- ☐ Hong Kong Re-entry Permit
- ☐ Certificate issued by the Births and Deaths Registry for adopted children
- ☐ Document of Identity
- ☐ Permit to Remain in HKSAR (ID 235B)

Please input information OR read Smart ID Card to search eHealth Account [Help](#)

HKIC No.

D123456(1)

OR

Date of Birth

08-08-1930



[Search ▶](#)

[Read Card and Search ▶](#)

Select

Enter
Information

Click

Menu

Vaccination Record Enquiry

Confirm Recipient Information

Recipient Information

Document Type	Hong Kong Identity Card
HKIC No.	D123456(1)
DOB	08-08-1930
Name in English	CHAN, TAI MAN
Gender	Male

[Back](#) [Proceed to Enquiry](#)





Vaccination Record Enquiry

Recipient Information

Document Type **Hong Kong Identity Card**
Name **CHAN, TAI MAN**
HKIC No. **D123456(1)**

Date of Birth / Gender **08-08-1930 / Male**

Vaccination Record

No. of records: **eHealth System (2) Hospital Authority**

	Injection Date	Vaccine	Dose	Information Provider	Remarks
1	15 Jul 2010	Seasonal influenza 2010/2011	N/A	Residential Care Home (eHS)	
2	15 Jul 2010	Pneumococcal (23vPPV)	N/A	Residential Care Home (eHS)	

Page 1 of 1 (2 items)

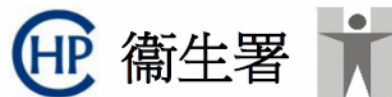
Disclaimer ⓘ

The immunization record shown on this page (only include pneumococcal vaccination, seasonal influenza vaccination and human swine influenza vaccination) is to the best knowledge of the information provider and may not be exhaustive. Service Provider is advised to verify the vaccination history with the patient before administering the vaccine.

Return

Proceed to Claim

院舍編號
(由院舍填寫)



院舍防疫注射計劃 疫苗接種同意書

過往接種記錄	最近一次接種日期 (月/年)
季節性流感疫苗	/
13 價肺炎球菌結合疫苗	/
23 價肺炎球菌多醣疫苗	/
(由到診註冊醫生填寫)	

醫健通 (資助) 系統交易編號	
1. TR	
2. TR	
接種記錄	2019/20 年度 接種日期 (日/月/年)
季節性流感疫苗 (單劑 / 第一劑)	/ /
季節性流感疫苗 (第二劑 (如適用))	/ /
13 價肺炎球菌結合疫苗	/ /
23 價肺炎球菌多醣疫苗	/ /
到診註冊醫生姓名：	

- 注意：
1. 請用黑色或藍色筆以正楷填寫本同意書。
 2. 填妥的同意書需於接種日期最少二十個工作天前交予到診註冊醫生，以透過醫健通 (資助) 系統查核服務使用者的疫苗接種記錄。
 3. 到診註冊醫生需於接種疫苗後妥善保存同意書的正本。

甲部 服務使用者個人資料 (以身份證明文件所載者為準)		
姓名	(中文)	(英文)

- You are encouraged to check the vaccination records again
3 days before vaccination day.

At Least 10 Working Days before Vaccination Day (1)


Liaise with RCHs to confirm vaccination date

- **Submit vaccine order form** to DH via fax at 2713 6916 at least 10 days before vaccination
- Within 3 working days after submission --
 - (1) DH will **contact you** to confirm the vaccine order,&
 - (2) DH contact the RCH to confirm vaccine delivery

If you do not hear from us, please contact us

Vaccine Order Form

✓ Pick the right form
for the type of
institutions

訂單編號	送針日期	 衛生署 2019/20 年度院舍防疫注射計劃 疫苗申請表格 (安老院舍)	附錄丁
			訂針
由本署職員填寫			

備註：1. 由於訂購疫苗及安排運送時間，請於接種日期前最少10個工作天填妥本表格並傳真至本署（傳真號碼：2713 6916）。到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知，請致電 2125 2158 與本署職員聯絡。
 2. 到診註冊醫生有責任於申請疫苗前，確認院友／職員是否符合資格免費接種季節性流感／肺炎球菌疫苗。
 3. 到診註冊醫生需聯絡院舍安排負責人員接收疫苗；並預早確認院舍有合適的專櫃貯存疫苗。
 4. 透過提供此表格上需要填寫的資料，到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。有關該計劃更新後的條款和條件以及附表，將很快更新到衛生防護中心網站（www.chp.gov.hk）。

甲部 院舍資料

安老院舍名稱：			
院舍編號：		院友總人數：	
		職員總人數：	

SAMPLE

乙部 已同意接種疫苗的人數

已同意接種季節性流感疫苗的人數：	院友	職員	合共

已同意接種肺炎球菌疫苗的人數	院友	
13 價肺炎球菌結合疫苗：		
23 價肺炎球菌多醣疫苗：		

備註：1. 如從未接種任何肺炎球菌疫苗的院友，應先接種 13 價肺炎球菌結合疫苗。
 2. 已接種 13 價肺炎球菌結合疫苗的院友，應於接種後一年接種 23 價肺炎球菌多醣疫苗。
 3. 已接種 23 價肺炎球菌多醣疫苗的院友，應於接種後一年接種 13 價肺炎球菌結合疫苗。
 4. 如已接種 23 價肺炎球菌多醣疫苗及 13 價肺炎球菌結合疫苗，於院舍防疫注射計劃下，則無需再安排接種肺炎球菌疫苗。

丙部 訂單及送貨資料

申請疫苗數目：	季節性流感疫苗	需訂____針	
疫苗資源寶貴， 請珍惜，勿浪費。	肺炎球菌疫苗	13 價肺炎球菌結合疫苗	23 價肺炎球菌多醣疫苗
		需訂____針	需訂____針
	*庫存疫苗數目： (即過往年度剩餘未過期的肺炎球菌疫苗)	已有____針	已有____針

接種疫苗的日期：____年____月____日 (時間：上午／下午／全日)
 請先與院舍／宿舍確定接種日期，本署會聯絡院舍／宿舍確認送針日期。
 疫苗派送時間為當日上午十時至下午一時(上午)或下午二時至五時(下午)。

送貨地址：
 (請用中文填寫及註明送針樓層) _____

負責接收疫苗的院舍職員姓名：_____ 接收疫苗聯絡電話：_____

丁部 到診註冊醫生 (VMO) 資料

VMO 姓名：	VMO 註冊編號： M _____
VMO 聯絡電話：	VMO 傳真號碼： _____ VMO 簽署： _____

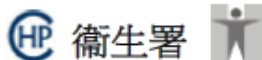
At Least 10 Working Days before Vaccination Day (2)

At the same time:

- Prepare vaccination materials
 - *e.g. sharp box, vaccination documents*
- (Confirm with RCHs, if any remaining vaccines and being stored properly)
- Pre-arrange clinical waste disposal as appropriate

Not Mandatory – Consent List

院舍／宿舍／中心／機構編號



2019/2020 年度院舍防疫注射計劃 同意及符合資格接種疫苗名單 (院友／宿生／留宿兒童／職員)

<input type="checkbox"/> 季節性流感疫苗	<input type="checkbox"/> 第一針	<input type="checkbox"/> 第二針
<input type="checkbox"/> 23 價肺炎球菌多醣疫苗		
<input type="checkbox"/> 13 價肺炎球菌結合疫苗		
<input type="checkbox"/> 麻疹、流行性腮腺炎及德國麻疹混合疫苗		

院舍／宿舍／中心／機構名稱： _____

院友／宿生／留宿兒童／職員資料					疫苗接種記錄 (由到診註冊醫生於接種疫苗後即日填寫)			
姓名	身份證明文件 號碼頭 4 個字 (例：A123)	性別	房／床號	疫苗批次編號 (Lot no.) : (1) _____ (2) _____			如暫時未能接受接種， 請註明原因	
				有效日期： (1) _____ (2) _____				
				疫苗批次	接種日期	到診註冊醫生簽署		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
茲證明以上為已核對同意書及符合接種資格者名單。 合共人數 (B=B1+B2) : _____					已接種人數 (B1) : _____		未能接種人數 (B2) : _____	

到診註冊醫生姓名： _____ 填寫日期： _____

第 ____ 頁 / ____ 頁


備註： 請於適當位置加上「✓」。


Vaccination Day

- Bring along the consent forms to the vaccination activity
- Verify identity and eligibility status for vaccination
- Document vaccination record/card

Within 7 days After Vaccination -- *Submission of Claims via the old way*


 Claim


 Vaccination Record Enquiry

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 Claim Transaction Management

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Task List

RVP

Claim

>>> 1. Search Account 2. Enter Details 3. Complete Claim

Search Account

Practice **RCHD (1)**

Scheme **Residential Care Home Vaccination Programme**

Pre-filled Consent No. PXXXXX- **GO**

Document Type

☒ Hong Kong Identity Card

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☐ Document of Identity

☐ Permit to Remain in HKSAR (ID 235B)

Please input information OR read Smart ID Card to search eHealth Account **Help**

HKIC No. OR 

Date of Birth

Search **Read Card and Search**

Select

Select

Enter
Information

Click

● Claim Information

Practice

KUNG CHUNG KONG - Branch 2 Clinic (2)

Scheme

Residential Care Home Vaccination Programme

Service Date

26-10-2017

Category

☐ Health Care Worker

☒ Resident

☐ Persons with Intellectual Disability (or related)

RCH Code

BH1316

RCH Name

LOK SIN TONG HOI WANG ROAD NURSING HOME

Subsidy ⓘ	Dose	Injection Cost
<input type="checkbox"/> RQIV 2017/18	N/A	\$
<input type="checkbox"/> RTIV 2017/18	N/A	\$
<input type="checkbox"/> 23vPPV	N/A	\$
<input type="checkbox"/> PCV13	N/A	\$
Total Injection Cost		\$

Select

Cancel

Claim

Click

Contact Us

項目管理及疫苗計劃科

Programme Management and Vaccination Division

電話
Phone : 2125 2562

傳真
Fax : 2713 6916

電郵
Email : vacs@dh.gov.hk

地址 : 九龍亞皆老街147C號衛生防護中心四樓
Address : 4/F, Centre for Health Protection, 147C Argyle Street, Kowloon

網站
Website : <https://www.chp.gov.hk/en/features/17980.html>