

FOR PERSONS AGED BELOW 65 YEARS

**Consent to Use Vaccination Subsidy
Vaccination Subsidy Scheme
Department of Health**

eHS(S) Transaction No. (For Doctor's Use) ONE TRANSACTION NUMBER ONLY TG - -

Note: Please complete this form in BLOCK letters using black or blue pen and put a "✓" in appropriate boxes and *delete as appropriate. **Two consent forms are required for two doses of subsidised vaccination.** Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.

I consent to use the Government subsidy for **myself / my child / my ward** * to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-

Name of Doctor		Date of Vaccination	
Place of Vaccination			

Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)

<input type="checkbox"/> Quadrivalent Inactivated Influenza Vaccine (Injectable) <input type="checkbox"/> Quadrivalent Live Attenuated Influenza Vaccine (Nasal Spray) <input type="checkbox"/> Quadrivalent Recombinant Influenza Vaccine (Injectable)	<p>ALL persons aged 9 or above:</p> <input type="checkbox"/> The only dose for this season <p>Children under the age of 9 but have received Seasonal Influenza Vaccination in previous seasons:</p> <input type="checkbox"/> The only dose for this season <p>Children under the age of 9 but have <u>NEVER</u> received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):</p> <input type="checkbox"/> The first dose for this season <input type="checkbox"/> The second dose for this season
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Eligibility Statement (Put a "✓" in the most appropriate box and * delete as appropriate.)

I confirm that **I am / my child is / my ward is** * a Hong Kong resident and that:

I am pregnant
 Confirmation of pregnancy by attending enrolled doctor: _____
Attending Enrolled Doctor's Signature

I am between the age of 50 and less than 65 *(For 65 years old or above, please use another form)*

My child / ward * is between the age of 6 months and less than 12 years **OR** is 12 years or above but attending a primary school in Hong Kong *(For the latter, please provide a copy of student handbook/ card)*

My child / ward * is a person with intellectual disability holding:

- The Registration Card for People with Disability specifying "Intellectual Disability" or "Mentally Handicap"
- A medical certificate issued by a Registered Medical Practitioner that my child / ward is entitled to subsidized vaccination
- A certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that my child / ward is a service user of the institution

(Please provide a copy of the aforesaid document)

I am / My child is / My ward is *

- A recipient of the Social Welfare Department's Disability Allowance *(Please provide a copy of the disability allowance approval letter)*
- A recipient of standard rate of "100% disabled" or "requiring constant attendance" under the Comprehensive Social Security Assistance ("CSSA") Scheme of the Social Welfare Department *(Please provide a copy of documentary proof and sign a self-declaration form provided by the doctor enrolled in VSS)*

The Personal Details of Recipient (as indicated on identity document)

Name: _____ (English) (surname) (given name)	_____ (Chinese) (surname) (given name)
Date of Birth: _____ (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)
 Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.

<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	[][] [][][][][][][][] ()
<input type="checkbox"/> Hong Kong Identity Card No.: Date of Issue: _____ (dd/mm/yyyy)	[][][][] [][][][][][][][][] () HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"): Date of Issue: _____ (dd/mm/yyyy)	[R] [][][][][][][][][]
<input type="checkbox"/> HKSAR Document of Identity No. (Beginning with "D") : Date of Issue: _____ (dd/mm/yyyy)	[D] [][][][][][][][][]
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.: Permitted to remain until: _____ (dd/mm/yyyy)	[][][][][][][][][][] ()
<input type="checkbox"/> Non-Hong Kong Travel Documents No. (e.g. Foreign passports): HKSAR Visa / Reference No.:	_____ [][][][][] - [][][][][][][][][][] - [][][] ()
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	[][][][][][][][][][] / [][][][][][][][][][]
<input type="checkbox"/> Serial No. of the Certificate of Exemption: Reference No.: HKID No. shown on the Certificate: Date of Issue: _____ (dd/mm/yyyy)	_____ _____ [][][] [][][][][][][][][][] ()

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data.

After you save the signed form, you will no longer be able to edit it.
 Save a copy first before you sign, if necessary. Please sign your name here

Signature of recipient (or finger print if illiterate#): _____
 Contact Telephone No.: _____
 Date: _____

Parent / Guardian should complete the following only if recipient is aged below 18 / mentally incapacitated

After you save the signed form, you will no longer be able to edit it.
 Save a copy first before you sign, if necessary. Please sign your name here Signature of Parent / Guardian: _____
 Name of Parent / Guardian (in English): _____
 Relationship: Father Mother Guardian
 Contact Telephone No.: _____
 Date: _____

Witness should complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence. After you save the signed form, you will no longer be able to edit it.
 Save a copy first before you sign, if necessary. Please sign your name here

Signature of Witness: _____
 Name of Witness (in English): _____
 Hong Kong Identity Card No.: _____ (X) (X) (X) (X)
(only the alphabet and the first three digits are required)
 Contact Telephone No.: _____ Date: _____

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my/my child's/my ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”. I hereby give consent to the doctor to transfer and release my/my child's/my ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether myself/my child's/my ward's has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read my/my child's/my ward's personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”.
4. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (b) for statistical and research purposes
 - (c) for receiving vaccination information provided by the Government; and
 - (d) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The Department of Health may disclose/obtain your personal data and records to/from the Social Welfare Department for the purpose of verifying your eligibility under Vaccination Subsidy Scheme.
4. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

Classes of Transferees

5. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

6. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

7. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
Executive Officer (Vaccination Subsidy Scheme)
Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon
Telephone No.: 2125 2125