| RCH Code | |
|--------------------------|--|
| (To be completed by RCH) | |

Residential Care Home Vaccination Programme Vaccination Consent Form

| eHS(S) Transaction No. | | | | | | |
|--|--|--|--|--|--|--|
| 1. TR | | | | | | |
| 2. TR | | | | | | |
| Type of Vaccines* | Vaccination Date in 2023/24 (DD/MM/YY) | | | | | |
| SIV (1st / only dose) | / / | | | | | |
| SIV (2 nd) (if applicable) | / / | | | | | |
| PCV13 | / / | | | | | |
| 23vPPV | / / | | | | | |
| Name of VMO: | | | | | | |

1. Please complete this form in BLOCK LETTERS using black or blue pen.

Note:

2. This form is to be retained by the VMO after vaccination.

| 2. This form is to be retained by the Vivio after vaccination. | | | | | | | | | |
|--|--------------|---------|---|---|---|---------------------------|--------|----|----------|
| Part A Personal Particulars of the recipient (as stated on the identity document) | | | | | | | | | |
| The recipient is a resident / boarder of residential care home for elderly persons with disabilities; | | | | | | | | | |
| a child of residential child care centre. | | | | | | | | | |
| Name | | | | | | (English) | | (0 | Chinese) |
| Date of Birth | dd | mm yyyy | | | | Sex | ☐ Male | | Female |
| Chinese Commercial Code | | | | | | | | | |
| Identity Document (Please select an identity document by inserting a "×"in the appropriate box below and fill in the information required) Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption. | | | | | | | | | |
| Hong Kong Ider No. | ntity Card | | | |) | Date of Issue | dd | mm | уууу |
| Serial No. of the of Exemption | Certificate | | | | | | | | |
| Reference No. | | | | | | | | | |
| HKIC No. as she Certificate | own on the | | | |) | Date of Issue | dd | mm | уууу |
| Hong Kong Birt Registration No. | | | | |) | | | | |
| ☐ Hong Kong Re- | entry Permit | | | | | Date of Issue | dd | mm | уууу |
| Document of Ide | entity | | | | | Date of Issue | dd | mm | уууу |
| Permit to Remain (ID 235B) Birth | | | | |) | Permitted to remain until | dd | mm | уууу |
| Non- Hong Kon Document No. | g Travel | | | | | | | | |
| Visa / Reference | No. | | - | | | - (|) | | |
| Certificate issue Registry for ado Children – No. o | pted | | | / | | | | | |

*Acronyms: SIV: Seasonal Influenza Vaccine PCV13: 13-valent Pneumococcal Conjugate Vaccine 23vPPV: 23-valent Pneumococcal Polysaccharide Vaccine

| Part B Undertaking and Declaration | | | | | | |
|--|------------------|-----------|---|--|--|--|
| To be completed by Parent/Guardian if vaccine recipient is aged below 18 years / mentally incapacitated (Please insert a "×" as appropriate.) | | | | | | |
| I give my consent for the recipient to receive the following vaccination(s): | | | | | | |
| ☐ Seasonal Influenza Vaccine ☐ 13-valent Pneumococcal Conjugate Vaccine ☐ 23-valent Pneumococcal Polysaccharide Vaccine Children aged below 9 who have never received any Seasonal Influenza Vaccine can receive 2 doses in this vaccination season. | | | | | | |
| ☐ First dose of Seasonal Influenza Vaccine ☐ Second dose of Seasonal Influenza Vaccine Children aged below 9 and received Seasonal Influenza Vaccine in previous season are recommended to receive 1 dose of vaccine. | | | | | | |
| ☐ First and only dose of Seasonal In | nfluenza Vaccine | | | | | |
| The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to healthcare professional for the use by the Government for the purpose set out in the "Statement of Purpose". | | | | | | |
| Signature of Parent / Guardian | | | Name of Parent / Guardian | | | |
| (or finger print if illiterate, witness to complete <u>Part C</u>) | | | Hong Kong Identity Card No. / Social Welfare Department Staff No. | | | |
| Relationship with the recipient | Parent | ☐Guardian | Date | | | |
| Part C To be Completed by the Witness (if applicable) | | | | | | |
| This document has been read and explained to the recipient or Parent / Guardian of the recipient in my presence. | | | | | | |
| Signature of witness | | | Name of witness | | | |
| Hong Kong Identity Card No. (e.g. A123) | | | Date | | | |

Statement of Purpose

Purposes 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 injection fee, and the administration and monitoring of the Residential Care Home Vaccination Programme, 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; and
 - (c) any other legitimate purposes as may be required, authorised or permitted by law.
- 2. The vaccination record made for the purpose of this visit will be accessible by healthcare personnel in the public and private sectors for the purpose of determining and providing necessary healthcare service to the recipient.
- 3. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive the vaccination under the Programme.

Classes of Transferees

4. The personal data you provided are mainly for use within the Government but they 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

5. You have a right to request access to and to request the correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

Enquiries

6. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to Programme Management and Vaccination Division, Department of Health, Telephone No.: 3975 4474 / 3975 4455.