Department of Health
Residential Care Home Vaccination Programme

Vaccination Consent Form
(For vaccine recipient who is aged 18 years or above)

Points to Note

- Please complete in BLOCK LETTERS using black or blue ball pen, put "✓" into the appropriate box(es), and *delete as appropriate.
- If the vaccine recipient is capable of giving consent, he/she may present his/her identity document to the Private Doctor to record his/her consent at eHealth to replace the signing of this paper consent form.
- If the vaccine recipient is incapable of giving consent:
  - this form shall be completed and signed by a parent or guardian of the vaccine recipient; and
  - before signing this form, please read the information about the Residential Care Home Vaccination Programme (RVP), the vaccine information sheet, and the information on eHealth including the "Participant Information Notice" and "Personal Information Collection Statement" carefully.
- If two types of vaccines are given at the same time, only one consent form is required. Otherwise, two separate consent forms must be completed.
- If there is any inconsistency or ambiguity between the English and the Chinese version, the English version shall prevail.
- Interpretation:

"eHealth" has the meaning given to "eHealth System" in the Electronic Health System Ordinance (Cap. 625) (as amended or modified from time to time).

"Government" means the Government of the Hong Kong Special Administrative Region of the People's Republic of China.

"IT Platform" means the IT system of the Government built for the collection, storage, sharing and use of data (including clinical data) of vaccine recipients under the Specified Programmes.

"Private Doctor" means the Registered Medical Practitioner whose application to enrol in RVP has been accepted by the Government.

"Registered Medical Practitioner" has the meaning given to "registered medical practitioner" in section 2 of the Medical Registration Ordinance (Cap. 161).

"Substitute Decision Maker" has the meaning given to "substitute decision maker" in section 3 of the Electronic Health System Ordinance (Cap. 625).

"Vaccination" means the administration of any of the vaccine in Part II below to a vaccine recipient.

Part I【Vaccine Recipient's Information】

1. Vaccine recipient's Information (as indicated on identity document)

Surname: ⌊_⌋

First Name: ⌊_⌋

Sex: ☐ Male ☐ Female

Date of Birth: ⌊_⌋⌊_⌋ DD / ⌊_⌋⌊_⌋ MM / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ YYYY

2. Identity Document (Please put a "✓" in the box, fill in the information, and *delete as appropriate)

☐ **Hong Kong Birth Certificate Registration no.:** ⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ (⌊_⌋)

☐ **Hong Kong Identity Card no.:** ⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ (⌊_⌋)

Date of Issue: ⌊_⌋ DD / ⌊_⌋ MM / ⌊_⌋ YY

☐ **Hong Kong Re-entry Permit no. (Beginning with "RM" / "RS"):**

⌊R⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

Date of Issue: ⌊_⌋ DD / ⌊_⌋ MM / ⌊_⌋ YY

☐ **HKSAR Document of Identity no. (Beginning with "D"):**

⌊D⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋

Date of Issue: ⌊_⌋ DD / ⌊_⌋ MM / ⌊_⌋ YY

☐ **Permit to Remain in HKSAR (ID235B) – Birth Entry no.:**

⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ (⌊_⌋)

Permitted to remain until: ⌊_⌋ DD / ⌊_⌋ MM / ⌊_⌋ YY

☐ **Non-Hong Kong Travel Documents no. (e.g. Foreign Passports):**

Please specify: _____

HKSAR *Visa / Reference no.: ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ - ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ - ⌊_⌋⌊_⌋ (⌊_⌋)

☐ **Certificate issued by the Births Registry for adopted children - no. of entry:**

⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋

☐ **Serial no. of the Certificate of Exemption:** _____

Reference no.: _____

HKID no. shown on the Certificate of Exemption: ⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋ (⌊_⌋)

Date of Issue: ⌊_⌋ DD / ⌊_⌋ MM / ⌊_⌋ YY

Part II【Consent to Receive Vaccination】

Agree to Receive Vaccination

I have read / been informed and fully understood my obligation and liability under this consent form including the "Undertakings and Declarations", "Dispute Resolution", and the "Statement of Purpose of Collection of Personal Data", and agree the vaccine recipient to receive the following vaccine(s):

☐ seasonal influenza vaccine (inactivated influenza vaccine)

☐ seasonal influenza vaccine (recombinant influenza vaccine) #

☐ 15-valent pneumococcal conjugate vaccine #

☐ 23-valent pneumococcal polysaccharide vaccine #

Under RVP, vaccine recipient will receive influenza vaccine according to his/her eligibility and vaccination history. Recombinant influenza vaccine and pneumococcal vaccine are only provided to the residents of residential care homes for the elderly and residents of residential care homes for persons with disabilities who are aged 65 years or above.

If the vaccine recipient is incapable of giving consent, parents/guardian shall fill in the following information and give consent for and on behalf of the vaccine recipient.

<table>
<tr><td>Surname of *parents/ guardian:</td><td colspan="2">First name of *parents/ guardian:</td><td>Mobile no. of *vaccine recipient/ parents/ guardian:

（with prefix 4 / 5 / 6 / 7 / 8 / 9）</td></tr>
<tr><td rowspan="2">Hong Kong Identity Card no. of *parents/ guardian:</td><td colspan="3">For non-Hong Kong Identity Card holder, please fill in information of other identity document.</td></tr>
<tr><td>Document type:</td><td colspan="2">Document no.:</td></tr>
<tr><td colspan="2">Signature of *vaccine recipient/ parents/ guardian @:

（@ or finger print if illiterate）</td><td colspan="2">Date of signature:</td></tr>
</table>

@ Witness shall complete the following if the *vaccine recipient/ parents/ guardian is illiterate:
This document has been read and explained to such * vaccine recipient/ parents/ guardian in my presence.

<table>
<tr><td>Signature of witness:</td><td>Name of witness:</td></tr>
<tr><td>Hong Kong Identity Card no. of witness:
(only the alphabet and the first three digits are required)</td><td>⌊_⌋ ⌊_⌋_⌋_⌋X⌋X⌋X⌋ (⌊X⌋)</td></tr>
<tr><td>Date of signature:</td><td>Contact no.:</td></tr>
</table>

Part III【Consent to Register with eHealth】(For non-eHealth users only)

(Vaccine recipient in RVP who is aged 18 years or above MUST register eHealth)

Before filling in this part, please scan the QR codes below to read the "Participant Information Notice" and "Personal Information Collection Statement":

Participant Information Notice:

Personal Information Collection Statement:

If you have further enquiry, please contact the Electronic Health Record Registration Office at 3467 6300. You can also receive more information about eHealth at www.ehealth.gov.hk.

(1) To be filled by the vaccine recipient who is capable of giving consent

☐ I **AGREE** to register with eHealth and have read and understood the eHealth "Participant Information Notice" and "Personal Information Collection Statement" therefor.

Signature of the vaccine recipient:	**Date of signature:**	**Mobile no. (receive system notifications by SMS):**

(2) To be filled by Substitute Decision Maker of the vaccine recipient who is incapable of giving consent

☐ I, being a Substitute Decision Maker, **AGREE** to register with eHealth for and on behalf of the vaccine recipient and have read and understood the eHealth "Participant Information Notice" and "Personal Information Collection Statement".

Relationship with the vaccine recipient:

*Family member/ person residing with the vaccine recipient/ guardian appointed under the Mental Health Ordinance (Cap. 136)/ Director of Social Welfare appointed under the Mental Health Ordinance/ person appointed by court

Information of the Substitute Decision Maker

Surname:	**Hong Kong Identity Card no.:**
First name:	**For non-HK Identity Card holder, please fill in information of other identity document.**
Mobile no. (receive system notifications by SMS):	**Document type:**
	Document no.:
Signature @: *(@ or finger print if illiterate)*	**Date of signature:**

Undertakings and Declarations

1. I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision.
2. I agree to provide the vaccine recipient's and my personal data in this form and any information related to this vaccination for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release the vaccine recipient's and my personal data and any information related to this vaccination to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether the vaccine recipient has received vaccination by using the Government subsidy.
3. For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read the vaccine recipient's and my personal data (limited to Hong Kong Identity Card no., English and Chinese names, sex, date of birth, and date of issue of Hong Kong Identity Card) stored in the chip embodied in the vaccine recipient's and my Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data".
4. This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Dispute Resolution

1. The parties shall first refer any dispute or difference arising out of or in connection with this consent form to mediation in accordance with The Government of the Hong Kong Special Administrative Region Mediation Rules prevailing at the time.
2. If the said dispute or difference is not settled by mediation according to Clause 1, a party may institute litigation in respect of the said dispute or difference. The parties agree that the courts of Hong Kong shall have exclusive jurisdiction in respect of the said dispute or difference.

Statement of Purposes of Collection of Personal Data

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
   (a) registration of an account in the IT Platform, payment of subsidy, and the administration, monitoring, auditing and evaluation of the RVP, including but not limited to a verification procedure by electronic means with the data kept by the Government, processing of subsidy payment, providing necessary health care services to vaccine recipients and investigation of incidents and complaints;
   (b) enhancing or facilitating the implementation of Government programmes which promote primary care, including but not limited to direct contact by the Government or its agents for engagement of healthcare activities and education;
   (c) statistical, scheme monitoring, evaluation and research purposes;
   (d) receiving vaccination information provided by the Government; and
   (e) 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 Government may disclose personal data and records of you/the vaccine recipient to other Government bureaux/departments concerned, or obtain such personal data or records from Government bureaux/departments concerned, for the purpose of verifying the vaccine recipient's eligibility under the RVP.
4. The provision of personal data is voluntary. However, if you do not provide sufficient information, you may not be able to receive the subsidised vaccination.

Classes of Transferees

5. The personal data will be transferred to and used by the authorised user(s) or professional parties in the health field which are directly involved in the RVP including but not limited to:

   (a) Private Doctors and individuals authorised by the Private Doctors, as a clinic administrator, to access and use the IT platform;
   (b) Primary Healthcare Commission ("PHCC") and the operators appointed by PHCC;
   (c) the Medical Council of Hong Kong, Nursing Council of Hong Kong, Pharmacy and Poisons Board and their agents;
   (d) the Hospital Authority and its agents; and
   (e) the Government's agents;

   for the purpose set out in Clause 1 above.

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 to the Personal Data (Privacy) Ordinance (Cap. 486). A reasonable fee may be charged by the Government for processing any data access and/or correction request.

Enquiries

7. Enquiries concerning the personal data provided, including making data access and correction request, should be addressed to:

   Executive Officer (Government Vaccination Programme) 2
   Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon
   Telephone no.: 2125 2125