

院舍防疫注射計劃

Residential Care Home
Vaccination Programme 2018/19

Doctors' Guide



**Department of Health,
The Government of the Hong Kong Special Administrative Region
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Disclaimer

This Doctors' Guide to Residential Care Home Vaccination Programme (RVP) is provided as a living document for doctors' reference and input. We welcome doctors' questions, comments or feedback on this Guide so that we can improve on it. The internet version of the Guide will be updated regularly to provide the most up-to-date information to the doctors.

If you have any comments or questions, please send them to the Vaccination Office (VO) of the Department of Health (DH): –

Address : Vaccination Office
Centre for Health Protection
2/F, 147C Argyle Street
Kowloon
Fax : 2713 9576
Email : vacs@dh.gov.hk
Telephone: 2125 2125

Operation hours: 9:00 a.m. – 5:30 p.m., (including lunch hours) Monday through Friday (closed on Saturdays, Sundays and public holidays.)

Quick Guide to joining RVP

I. For New Enrolees

In order to provide vaccination service under RVP, a doctor is required to enrol in the Programme in advance upon invitation by the Residential Care Home (RCH) or Designated Institutions (DI) including designated day centres, sheltered workshops and special schools serving non-institutionalised Persons with Intellectual Disability (PID). Please refer to Appendix I for the key stages in joining and making claims under RVP.

A doctor invited by the RCH or DI in-charge can join RVP if he/she:

- i) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap 161);
- ii) holds a valid annual practicing certificate; and
- iii) works in the private medical sector (including university and non-government organizations).

1. Pre-enrolment

Read the “Enrolment Information” at CHP website (http://www.chp.gov.hk/en/view_content/45858.html), including Appendix K – RVP Definitions, Terms and Conditions of Agreement, and Schedule.

2. Enrolment application

Send the following documents to Vaccination Office by registered mail:

- i) Completed and signed Application Form (Appendix A);
- ii) Completed and signed Authority for Payment to a Bank Form (Appendix B);
- iii) Copy of Hong Kong Identity Card;
- iv) Address proof of enrolling doctor and medical organisation, if any;
- v) Copy of Business Registration Certificate of medical organisation, if any;
- vi) Bank account information for reimbursement (e.g. certified true copy of bank correspondence showing the bank name, bank account number and name of the account holder);
- vii) For doctors employed or engaged by a medical organisation (whether incorporated or not) to provide vaccination service with respect to RVP, signature and relevant information from the medical organisation should also be provided in Appendix A; and
- viii) For doctors who have enrolled in Vaccination Subsidy Scheme or Health Care Voucher Scheme, documentary proof iii) to vi) are not required if there is no change on the information already submitted.

3. Enrolment confirmation

Upon receipt of the duly completed Application Form and Authority for Payment to a Bank Form together with all supporting documents, Vaccination Office will complete the processing of the application within 14 working days.

II. For Enrolled doctors

Registered medical practitioners who enrolled in RVP 2017/18 are considered eligible for participation in RVP 2018/19 and are not required to enrol again in this season. If there is any change of enrolment information or if you wish to withdraw from RVP, please complete and return the Change Form (downloadable from CHP website at http://www.chp.gov.hk/en/view_content/23543.html).

III. Vaccination Period for RVP 2018/19

The vaccination period of RVP 2018/19 is set out as follows:

a) Seasonal Influenza vaccine (Inactivated Quadrivalent Vaccine) For persons aged 6 months or above: VaxigripTetra™ – 0.5 ml prefilled syringe with needle	Start from 24 October 2018 and until stocks of vaccines expire
b) Pneumococcal vaccine 13-valent Pneumococcal Conjugate Vaccine (PCV13) Prevenar 13 – 0.5ml prefilled syringe without needle (Needles separately provided) 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) Pneumovax 23 – 0.5ml prefilled syringe without needle (Needle separately provided)	Continue throughout the year

Starting from 2018/19 programme year, the injection fee will be increased to \$70 per dose of vaccine provided to enrolled medical practitioners (i.e. Visiting Medical Officers) during the vaccination period. VMO is prohibited to charge any fee from the clients or share any vaccination fee with RCHs/DIs or in-charges of RCHs/DIs, recipients or their parents/guardians.

IV. Vaccination procedure under RVP

- a) Confirm the date and time of vaccination with in-charge of RCH and DI. To smooth the logistics and avoid vaccination incidents, Seasonal Influenza Vaccination (SIV) and Pneumococcal Vaccination (PV) **should be arranged on two different vaccination dates.** SIV should be provided as early as possible and preferably before mid-December 2018 for better protection of the residents and staff. Pneumococcal vaccine could be administered throughout the year. When pneumococcal vaccine is given together with seasonal influenza vaccine (only applicable to eligible adults), they should be injected in separate sites of the body with different syringes. The usual practice is to administer the seasonal influenza vaccine on the left side and to administer the pneumococcal vaccine on the right side.
- b) Obtain original or copies of Vaccination Consent Form from RCH / DI at least 10 working days before the vaccination date.
 - (i) Checking of Vaccination Consent Form for persons in RCHs
 - If the person is aged 18 or above and is mentally-capacitated, check that he/she has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form for RCH.
 - If the person is aged below 18 or mentally-incapacitated, check that his/her parent/guardian has completed and signed (or finger-printed if illiterate) in Part B (II) of the consent form.
 - If the person is aged below 18 or mentally-incapacitated and his/her parent/guardian cannot be contacted, check that the person's relative has completed and signed Part B (III) of the consent form. Vaccination can be administered if VMO considers the vaccination is to the best interest of the recipient.
 - If the person is aged below 18 or mentally-incapacitated and his/her parent/guardian cannot be contacted, check that the In-charge Person of RCH has completed and signed Part B (IV) of the consent form. Vaccination can be administered if VMO considers the vaccination is to the best interest of the recipient.
 - If the person and/or his/her parent/guardian is illiterate, check that the consent form document has been read and explained to the recipient and/or his/her parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
 - If irregularities are found on the consent form, verify with the RCHs for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should

be deferred until checking is in order.

(ii) Checking of Vaccination Consent Form for persons in DIs

- Check that the person's parent/guardian has completed and signed (or finger-printed if illiterate) in Part B (I) of the consent form for DI.
- If the person's parent/guardian cannot be contacted, check that the person's relative has completed and signed Part B (II) of the consent form. Vaccination can be administered if VMO considers the vaccination is to the best interest of the recipient.
- If the person's parent/guardian cannot be contacted, check that the In-charge Person of DI has completed and signed Part B (III) of the consent form. Vaccination can be administered if VMO considers the vaccination is to the best interest of the recipient.
- If the parent/guardian is illiterate, check that the consent form document has been read and explained to the parent/guardian by a witness, who should complete and sign in Part (C) of the consent form.
- If irregularities are found on the consent form, verify with the DI for correct information. If a duly-completed consent form cannot be checked before vaccination, vaccination for that particular person should be deferred until checking is in order.

(iii) Checking of vaccination records in eHealth System (Subsidies) (eHS(S)) (see Section 3.5)

- Using the identity information provided in the consent form, search and retrieve the eHealth (Subsidies) account of the eligible person, or if an eHealth (Subsidies) account is not yet created, input the information required in the system in respect of the eligible person to create an eHealth (Subsidies) account.
- Verify the eligible person's past vaccination history and vaccination records in the eHS(S) and decide whether vaccination is needed. Special attention should be paid to the type of identity document being used by the person when logging in the account.
- For persons without vaccination cards, the staff of RCHs or DIs will inform you about this. Please check the vaccination history in eHS(S) for this group of persons. If they have joined the Vaccination Subsidy Scheme or the Government Vaccination Programme before, their vaccination records will be shown in eHS(S).
- Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. Vaccination fee will not be reimbursed if vaccination

is provided to an ineligible person or to an eligible person who has no available vaccine quota.

- If vaccination record and eligibility status of the person have not been checked in the eHS(S), the vaccination should be deferred until checking of eligibility status is in order.
- c) Before the day of vaccination, check with In-charge of RCH or DI that vaccines, necessary manpower and equipment for vaccination, are available before vaccination. VMO should be familiar with the practice emergency plan and resuscitation procedures. Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Section 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: (http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf). The Government will deliver vaccines, sharp boxes, consent forms and vaccination cards to each RCH or DI.
- d) On the day of vaccination, the original consent forms should be made available in RCH or DI and be distributed to individual persons for checking right before vaccination.
- e) Counter-check the personal identity against the consent form before vaccination.
- f) Check the vaccination card(s), if any, and ask recipients and/or their relatives for vaccination history.
- g) Check that all recipients' names are on the consent lists provided by RCH or DI and relevant vaccination record has been checked in the eHS(S).
- h) Confirm vaccine recipient's eligibility for vaccination, type of vaccine to be given and screen for any contraindications for vaccination.
- i) Explain to the recipients and/or his/her parent/guardian/relative the possible side effects of vaccination and post-vaccination management.
- j) Check to ensure that vaccines supplied by the Government are properly stored (cold chain is maintained) and in good condition. Please follow the guidelines for proper vaccine storage and handling as set out in Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation: (http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf). Please pay particular attention to the following points:

- (i) Strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;
 - (ii) Purpose-built vaccine refrigerators (PBVRs) are the preferred means of storage for vaccines;
 - (iii) Cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;
 - (iv) Fill the empty shelves, floors, drawers and the door with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;
 - (v) The temperature of the vaccine fridge should be monitored by a data logger or minimum/maximum thermometer;
 - (vi) Check and record manually the minimum/maximum temperatures of the vaccine storage unit twice daily onto a temperature log sheet.
- k) Ensure correct and unexpired vaccine(s) is/are given to the recipient.
 - l) Administer vaccination and mark the date of vaccination on the consent form immediately.
 - m) All vaccinations given should be clearly documented on a vaccination record/the recipient's handheld vaccination card, which is kept by the vaccine recipient or his/her parent/guardian.
 - n) Sign and mark down date of vaccination on the consent lists provided by RCH or DI.
 - o) Observe recipient's condition after vaccination and report suspected serious/unusual adverse drug reactions to the Drug Office of the DH if such cases occur. Please refer to the website of Drug Office for the Reporting Guidelines and ADR Report form at:
http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.
 - p) Report to our office (Tel: 2125 2125) immediately (i.e. within 24 hours or next working day) of any vaccination incidents, including but not limited to double doses of vaccination, wrong vaccine given, vaccination given to an ineligible person or to an eligible person without consent, etc.
 - q) Please refer to Appendix II for the flow chart of providing vaccination service under RVP.

V. Reimbursement

- a) Claims should only be submitted for application of reimbursement after it is confirmed that both vaccination has been provided to the eligible persons as well as Vaccination Consent Form is duly signed and completed by relevant parties.
- b) Submission of claims onto the eHS(S) immediately after the vaccination is highly recommended to ensure accuracy of records and prevent duplication of vaccination. Log on to the eHS(S), select the scheme “RVP” and input information required by the system **WITHIN SEVEN DAYS** counting from the day of delivery of service for online processing for reimbursement.
- c) For the completeness of vaccination records kept in the eHS(S), you are strongly advised to input the relevant records within seven days after conducting the vaccination even though you are providing the vaccination service as volunteer service.
- d) Any claim for reimbursement not made within seven calendar days counting from the date of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to a VMO or its Associated Organization for such late claim.
- e) The Government has the discretion not to pay out any vaccination fee to the VMO or its Associated Organization if the claim for any vaccination provided is not submitted to the Government within 90 calendar days counting from the date of vaccination.
- f) A VMO and his/her medical organisation shall keep proper and full record in relation to the vaccination service and the Vaccination Consent Form for a period of not less than seven years.

VI. Payment Checking

- a) At the end of each month, the eHS(S) will generate payment files, based on the information submitted by VMO.
- b) In respect of each transaction for eligible person accepted by the Government, the Government shall pay the VMO or the associated organisation the vaccination fee for vaccination provided in the vaccination period.
- c) Upon checking of claims submitted by the VMO to the eHS(S), the reimbursement will be paid directly into the designated bank accounts within 30 days after the end of each month.

- d) If any irregularity is found in the claims submitted by the VMO at any time of the programme, such payment shall be made upon satisfactory checking conducted by the Government.
- e) The Government shall have no obligation to pay a VMO any vaccination fee if any information provided/claims submitted in the eHS(S) by the VMO to the Government under or in relation to the RVP is at any time found to be incomplete, untrue or inaccurate.
- f) After payment has been made, if further checking confirms overpayment, the Government shall request the VMO to recover the payment overpaid.

List of Acronyms

CHP	Centre for Health Protection
DH	Department of Health
DI	Designated Institutions including designated day centres, sheltered workshops and special schools serving non-institutionalised PIDs
eHS(S)	eHealth System (Subsidies)
GBS	Guillain-Barré Syndrome
GVP	Government Vaccination Programme
HA	Hospital Authority
ImmD	Immigration Department
MCHK	Medical Council of Hong Kong
PCV	Pneumococcal Conjugate Vaccine
PID	Persons with intellectual disability
PPV	Pneumococcal Polysaccharide Vaccine
RCH	Residential Care Home
RCHD	Residential Care Home for Persons with Disabilities
RCHE	Residential Care Home for the Elderly
RVP	Residential Care Home Vaccination Programme
SCVPD	Scientific Committee on Vaccine Preventable Diseases
VMO	Visiting Medical Officer
VO	Vaccination Office

1. Introduction

1.1. What is Residential Care Home Vaccination Programme?

The Residential Care Home Vaccination Programme (RVP) is under the Government Vaccination Programme (GVP) and aims to provide free and convenient vaccination services for eligible persons in Residential Care Homes (RCHs) or Designated Institutions (DIs) in Hong Kong through VMOs who visit and provide vaccination services in the RCHs or DIs. Under this programme, the Government will reimburse the VMO \$70 per vaccine injection and VMO is prohibited to charge any fee from the clients or share any vaccination fee with RCHs/DIs or in-charges of RCHs/DIs, recipients or their parents/guardians.

Under RVP 2018/19, seasonal influenza and pneumococcal vaccinations will be covered. The Government will review the vaccinations covered by RVP from time to time and keep the VMOs informed.

The scientific basis of vaccination regime comes from the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the CHP. The latest relevant recommendations of SCVPD can be viewed at the link below: –

- a) Seasonal Influenza vaccine:
http://www.chp.gov.hk/files/pdf/scvdp_recommendations_on_siv_for_2018_19_season.pdf
- b) Pneumococcal vaccine:
http://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf

1.2. What service providers can participate in RVP?

A doctor who is invited by RCH/DI in-charge can participate in RVP if he/she: –

- a) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161);
- b) holds a valid annual practising certificate;
- c) works in the private medical sector (including university and non-government organisations); and
- d) successfully enrolled under the RVP.

1.3. Vaccination period

a) Seasonal influenza vaccine:

The vaccination period will **start from 24 October 2018** until stocks of vaccines supplied by the Government expire. It is preferable to provide vaccination before mid- December 2018 for better protection of residents and staff.

b) Pneumococcal vaccine:

The vaccination period continues **throughout the year**.

1.4. Eligibility for vaccination service under RVP 2018/19

a) Seasonal influenza vaccine:

- I. All residents and staff in the RCHs; and
- II. Persons with intellectual disability (PID) receiving services in DIs; such as designated day centres, sheltered workshops and special schools are eligible for seasonal influenza vaccination.

b) Pneumococcal vaccine:

- I. All residents in RCHes;
- II. All inmates of nursing homes as referred to in the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), which provides residential services for persons aged 60 or above; and
- III. Residents in RCHDs who aged 65 years or above are eligible for pneumococcal vaccine.

They should also hold a valid Hong Kong Identity Card or Certificate of Exemption; or Birth Certificate or other travel documents proving their identity (please refer to Annex A for samples of identity documents).

1.5. Information on seasonal influenza vaccines and pneumococcal vaccines

Seasonal influenza vaccine: –

The seasonal influenza vaccine provided in 2018/19 is an inactivated quadrivalent influenza vaccine with the following components:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
- a B/Colorado/06/2017-like virus
- a B/Phuket/3073/2013-like virus

For persons aged 6 months or above:

VaxigripTetra™ quadrivalent vaccine – 0.5 ml prefilled syringe with needle

Route for administration: Intramuscular/subcutaneous

For persons with bleeding tendencies or taking anti-coagulants that are contraindicated for intra-muscular injections, VMO could consider giving the vaccine by subcutaneous injection according to their clinical judgment.

Influenza occurs in Hong Kong throughout the year, but is usually more common in periods from January to March/April and from July to August. As the influenza vaccine composition is updated every year and the immunity built up in a vaccinated person in the prior season will decrease over time and may become too low to provide protection in the next season, it is recommended to receive seasonal influenza vaccination every year.

To ensure adequate immunity against seasonal influenza, children under 9 years who have never received any influenza vaccine are recommended to receive two doses of seasonal influenza vaccine with a minimum four weeks interval. Children below 9 years, who have received influenza vaccine in the 2017/18 season or before are recommended to receive one dose in the 2018/19 season.

Pneumococcal vaccine: –

Under 2018/19 RVP, the Government provides 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) to eligible residents.

Prevenar 13 – 0.5ml prefilled syringe without needle

(Needles separately provided)

Route for administration: Intramuscular

Pneumovax 23 – 0.5ml prefilled syringe without needle

(Needles separately provided)

Route for administration: Intramuscular/subcutaneous

Residents of Residential Care Homes for the Elderly and residents aged 65 years or above of Residential Care Homes for Persons with Disabilities:-

- a) Residents who have never received PCV13 or 23vPPV before are eligible for one dose of free PCV13, and followed by one dose of free 23vPPV 1 year* later; or

Example (a)	1 st dose	Recommended dose interval	2 nd dose
Unvaccinated	(a) <u>2018/19 season</u> PCV13	≥ 1 year*	<u>2019/20 season</u> 23vPPV
	e.g. 30/12/2018		30/12/2019

- b) Residents who have already received 23vPPV are eligible for one dose of free PCV13 1 year* after previous 23vPPV vaccination; or

Example (b)	1 st dose	Recommended dose interval	2 nd dose
Previously vaccinated	(b) <u>Previous season(s)</u> 23vPPV [^]	≥ 1 year*	<u>2018/19 season</u> PCV13
	e.g. 1/11/2017		1/11/2018

- c) Residents who have already received PCV13 are eligible for one dose of free 23vPPV 1 year* after previous PCV13 vaccination; or

Example (c)	1 st dose	Recommended dose interval	2 nd dose
Previously vaccinated	(c) <u>Previous season(s)</u> PCV13 ^{^^}	≥ 1 year*	<u>2018/19 season</u> 23vPPV
	e.g. 30/12/2017		30/12/2018

- d) Residents who do not have a documented vaccination history (vaccination card and electronic record) for pneumococcal vaccine, they should trace record from clinics receiving previous dose of pneumococcal vaccine. If residents still cannot trace the record and cannot recall the type and time of vaccination, they should still receive the recommended doses, i.e. one dose of PCV13 followed by a dose of 23vPPV 1 year * later.

Please refer to Appendix III for the flow chart illustrating the use of PCV13 and 23vPPV under RVP 2018/19.

- * 1 year is assumed to be one calendar year.
e.g. 1st dose was given on 30/12/2017
2nd dose should be given on or after 30/12/2018
- ^ Regardless of the number of doses of 23vPPV received in previous years, one dose of PCV13 should be given 1 year after previous dose of pneumococcal vaccination.
- ^^ Regardless of the number of doses of PCV13 received in previous years, one dose of 23vPPV should be given 1 year after previous dose of pneumococcal vaccination.

Note

All doctors are advised to read carefully the product information of the vaccines, noting especially the vaccine components, contraindications, route of administration and dosage for eligible recipients. Vaccine name and expiry date should also be checked immediately prior to vaccination.

Please note that the key steps including enrolment confirmation, login process, making claims, together with reimbursement with respect to the screens shown on eHealth System (Subsidies) are ESSENTIALLY the same for

- a) Vaccination Subsidy Scheme; and**
- b) Health Care Voucher Scheme.**

You may refer to the relevant parts in any one of the above Doctors' Guide for more details.

2. RVP in RCH Setting

As vaccination is invasive in nature and the procedure is performed under non-clinic setting, VMO should give due consideration to safety and liability issues when providing vaccination service in RCH/DI setting. The following notes aim to highlight areas that VMO should consider or note when providing vaccination service to eligible residents and staff under RVP in non-clinic setting.

2.1. Preparation

- a) Ensure you have enrolled and activated the eHealth (Subsidies) Service Provider account within 21 days upon receipt of confirmation of enrolment before providing vaccination service. You may contact the VO to check the status of your application.
- b) Confirm with RCH/DI that the vaccination area is well ventilated, adequately lighted and clean.
- c) Check to ensure that vaccines are ready and properly stored (cold chain is maintained) in RCH/DI, together with the availability of necessary materials/equipment for administration of vaccines. Breach in the cold chain will render the vaccine effectiveness. Please follow the guidelines for proper vaccine storage and handling as set out in Section 3.3 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation:
(http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf). Please pay particular attention to the following points:
 - (i) strictly follow the vaccine manufacturers' recommendation on storage of individual vaccines;
 - (ii) purpose-built vaccine refrigerators (PBVRs) are the preferred means of storage for vaccines;
 - (iii) cyclic defrost and bar refrigerators are not recommended because they produce wide fluctuations in the internal temperatures and regular internal heating;
 - (iv) fill the empty shelves, floors, drawers and the door with plastic water bottles or containers to maintain temperature stability if not using a PBVR. Leave a small space between the bottles or containers;
 - (v) the temperature of the vaccine fridge should be monitored by a data logger or minimum/maximum thermometer;
 - (vi) check and record manually the minimum/maximum temperatures of the

vaccine storage unit twice daily onto a temperature log sheet.

- d) VMO should be familiar with the practice emergency plan and resuscitation procedures. Emergency equipment and medications should be readily available for immediate use. Please follow the guidelines for Monitoring and Management of Adverse Events Following Immunisation as set out in Section 5 of the Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings - Module on Immunisation:
(http://www.pco.gov.hk/english/resource/files/Module_on_Immunisation_Children.pdf).

* Note: All doctors are advised to read carefully the product information of the vaccines, noting especially the contra-indications, route of administration, dosage and expiry date, storage and handling.

Ensure the personnel involved in vaccination are qualified/ trained to perform vaccination duties. They should also be trained in emergency management of severe immediate reactions and are equipped to do so.

2.2. Safety and legal issues

- a) VMO should be present and oversee the whole vaccination process in RCHs/DIs, ensure that the vaccination duties are performed by qualified/trained personnel. Sufficient number of qualified/trained health care personnel must be present to provide support.
- b) The eligible person's suitability for vaccination should be assessed before vaccination.
- c) VMO may apply the vaccination for mentally-incapacitated residents/ boarders/PID who do not have parents or legal guardian to sign the consent form if VMO, after assessing the persons concerned and considers that the vaccination is necessary and in the best interest of the persons.
- d) Vaccination may cause untoward reactions. Some recipients may even develop anaphylactic reactions to the vaccine(s). VMO should standby for emergency management and give timely intervention as indicated.
- e) Observe recipients for any severe adverse reaction.
- f) Sharps and wastes (e.g. needles, blood-stained cotton wool balls or alcohol swabs) must be properly handled and disposed.
- g) Relevant staff should be advised on the terms of services provided by the VMO, and understand the VMO's liability.

2.3. Ensure proper documentation

It is the responsibility of the VMO to ensure that the following documents are checked or collected before administering vaccines:-

- a) Check the personal identity information in the consent form and confirm his/her eligibility to receive vaccination under RVP. Please refer to Section 1.4 for assessing the eligibility. If the child is not holding a HKID card or a HK Birth Certificate (with their status of permanent resident indicated as “Established”), the child should have a valid travel document showing his/her identity. Please refer to Annex A for samples of identity documents. **No vaccination fee will be paid to a VMO for vaccination given to ineligible recipient.**
- b) Collect the consent form at least ten days before vaccination from the RCHs/DIs and ensure that it is duly completed and signed.
- c) Ascertain the availability of vaccination quota in the eHS(S) for the persons and verify their past vaccination history and “Vaccination record” in the eHS(S) before providing vaccination services. **Vaccination given to persons who have no vaccination quota will not be reimbursed.**
- d) Vaccination should not be provided if the past vaccination history and vaccination records of the person in the eHS(S) has not been checked.
- e) Claims should only be made after vaccination has been given. The VMO should also sign the consented list provided by RCH/DI and the VMO should have a system in place to record that recipients included in the consented list has actually received the vaccination on the scheduled day. The doctor who makes a claim for reimbursement has a duty to ensure that the date of vaccination is clearly and accurately marked on the recipient’s vaccination record/card, consent form and clinical notes (if any) and eHealth (Subsidies) account. Since the signing of consent form does not equate receiving vaccination, the doctor should submit claims after the vaccination.
- f) To ensure accuracy of records and prevent duplication of vaccination, VMO is required to log on to the eHS(S) to make claims of vaccination fee under the scheme ‘RVP’ WITHIN SEVEN DAYS counting from the date of vaccination.
- g) For the completeness of vaccination records kept in the eHS(S), VMOs are strongly advised to input all relevant records within seven days after conducting

the vaccination even though the vaccination service is provided as volunteer service.

- h) All vaccinations given should be clearly documented on vaccination record/the recipient's handheld personal copy of vaccination card which is kept by the vaccine recipient or his/her parent/guardian.

2.4. Provide adequate information

- a) Provide vaccine recipients and/or their parents/guardians with essential information on the vaccines to ensure that they understand the aims and possible side-effects of vaccination. Related information is available on the CHP website (www.chp.gov.hk).
- b) Ensure vaccine recipients/parents/guardians understand that participation in the RVP is voluntary. Sufficient time should be allowed for the recipients to consider if they should accept or refuse to receive the vaccination(s) under RVP.
- c) Inform vaccine recipients that the DH may contact them for information verification.

2.5. Administration of vaccine(s)

Vaccination administration is a medical procedure that carries risks. You have personal responsibility for the duties delegated to other persons. Improper delegation of medical duties to non-qualified persons which transgresses accepted codes of professional ethical behaviour may lead to disciplinary action by the MCHK. All registered medical practitioners are earnestly advised to read through the Code of Professional Conduct issued by MCHK. Please observe in particular the following sections to acquaint themselves thoroughly with its contents, thereby avoiding the danger of inadvertently transgressing accepted codes of professional ethical behaviour which may lead to disciplinary action by MCHK.

- a) "Dissemination of service information to patient";
- b) "Fees";
- c) "Covering or improper delegation of medical duties to non-qualified persons"; and
- d) "Untrue or misleading certificates and similar documents".

Please also ensure that the followings are complied with: –

- a) Health care professionals should obtain vaccination history and check for contraindications or precautions to the vaccines that are to be administered.
- b) For the safety of recipients, vaccination should be administered by you or qualified health care professionals under your personal supervision. He/she should be trained to provide immediate medical treatment to recipients when necessary.
- c) To ensure correct vaccine(s) is/are given to correct recipient. It is the responsibility of VMOs to ensure all vaccines are not expired and maintained at a proper cold chain prior to administration. Improper storage or mishandling decrease the potency of vaccines.
- d) Observe infection control and ensure that all sharps and medical wastes are properly handled and disposed.
- e) Keep recipients under observation in the vicinity of the place of vaccination for at least 15 minutes to ensure that they do not experience an immediate adverse event. VMO should stand-by for sudden emergency events.
- f) It is the prime responsibility of all VMOs to ensure safety and quality of the vaccination service provided to recipients.
- g) All VMOs should observe the Code of Professional Conduct issued by the Medical Council of Hong Kong as the standard to provide quality health care. VMOs who fail to comply with the aforementioned may be subject to administrative sanctions.

3. The eHealth System (Subsidies)

3.1. The database of VMOs and vaccination recipients

The eHS(S) will establish a database of VMOs. The System will also build up a database of individual eligible person who has received vaccination under RVP. In order to facilitate VMOs to get familiar with various enhanced functions of the system, an online “Easy Guide” is now available through the service provider platform at <https://apps.hcv.gov.hk/en/index.htm>. You are also welcome to contact the VO for enquiries related to the eHS(S).

3.2. Activation of “Service Provider Account”

If enrolment application is successful, the VMOs will receive a confirmation letter and an electronic mail providing a hyperlink to the website for activation of the “Service Provider Account” or access to eHS(S) (service provider platform). For those who already have an account, they can use the original account for any newly enrolled scheme(s). For those who have not previously had a “Service Provider Account”, an authentication token will be sent together with the confirmation letter. The VMO should activate the account after the token and the letter are received.

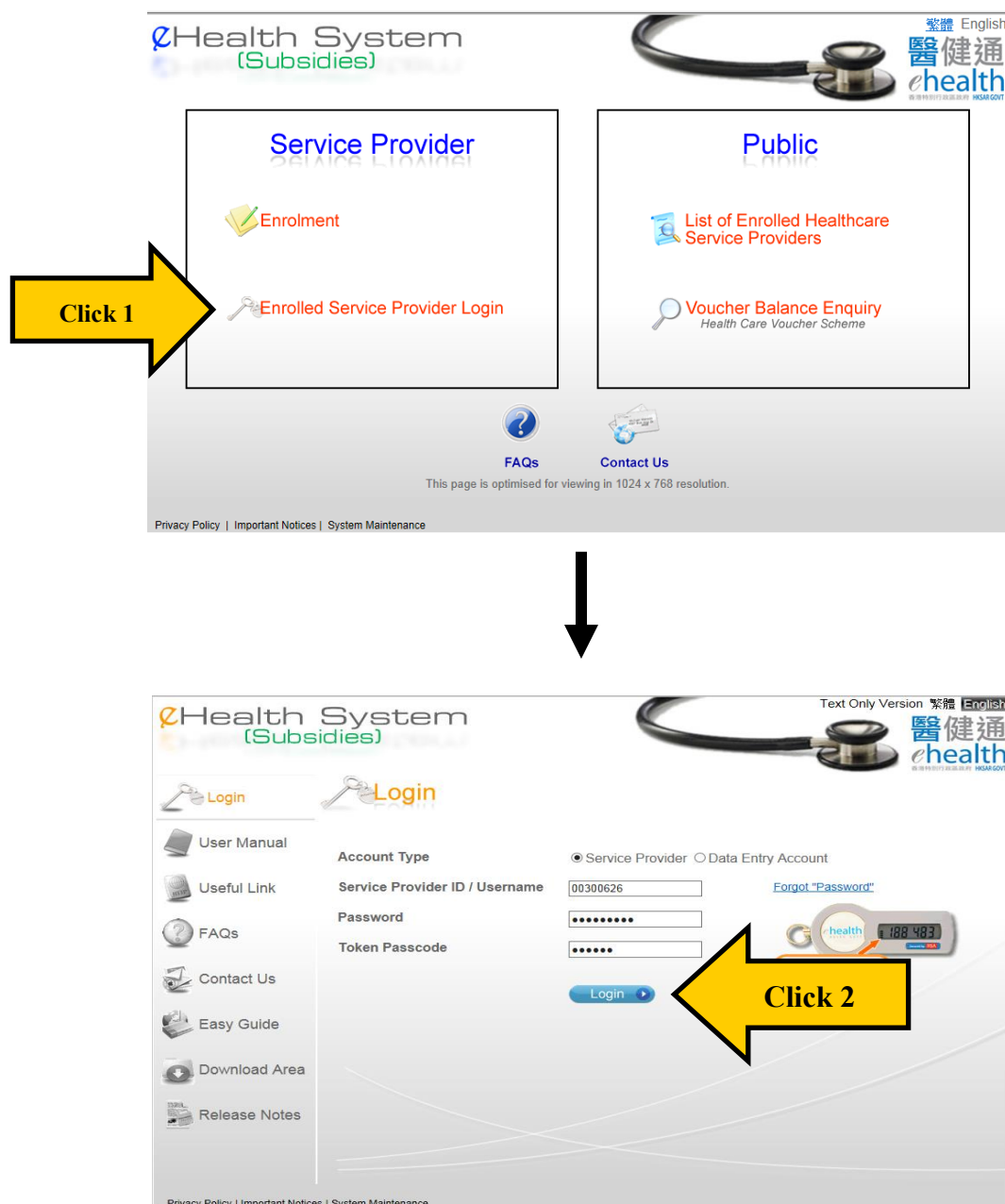
To activate the “Service Provider Account”, a VMO should: –

- a) Check the electronic mail;
- b) Click on the hyperlink provided in the electronic mail for accessing the designated webpage; and
- c) Enter the following information into the data field of the webpage: –
 - (i) Service Provider ID (shown on the confirmation letter);
 - (ii) Token passcode (shown on the authentication token); and
 - (iii) New password for accessing the Service Provider account in the future.

Activation of the account should be done **within 21 days** from the date of issuance of the confirmation letter.

3.3. System login

VMO can access to the eHS(S) for operation at <https://apps.hcv.gov.hk/en/index.htm> and select “Service Provider Login”. Enter his/her Service Provider ID, password and token passcode to complete login process.



If the password or token passcode is not correct after 5 attempts, the account will be locked and no further attempt is allowed. VMO will have to contact the VO for unlocking the account (see Section 3.15).

3.4. Creating “Data Entry Account”

For each VMO, a “Service Provider Account” will be created. The VMO can log in the eHS(S) with his/her Service Provider ID, password and the authentication token.

To facilitate administrative work for claim processing and reimbursement accounting, the VMO can create “Data Entry Account” for delegating the data management work to data entry clerks.

The VMO can assign user ID and password to “Data Entry Account” created under his/her “Service Provider Account”. The data entry clerks will be able to log on the eHS(S) using his/her assigned user ID and corresponding password. Authentication token is not required for accessing “Data Entry Account”.

The “Data Entry Account” will allow certain data management work (such as search/retrieve vaccination recipient eHS(S) accounts, create accounts, and register transaction information) but with limited authority. The transactions registered through the “Data Entry Account” need to be confirmed by the VMOs, before they can be passed for reimbursement processing. The VMO should log in the eHS(S) (using his/her Service Provider ID and authentication token) for checking and confirming the eHS(S) accounts being created and claim information entered through the “Data Entry Account”.

The eHS(S) also allows VMO to suspend, lock or unlock the created data entry accounts by clicking the “Data Entry Account Maintenance”.



eHealth System - My Profile - Windows Internet Explorer

● Data Entry Account List

	Username
1	DE1_5342
2	DE2_5342

● Data Entry Account Information

● Login Information

Username

Username tips
1. Username length: 4 - 20 characters

Practice

☐ United Health Service
☐ Ho Tai Fu Clinic
☐ Ho Tai Fu Clinic (HMT)
☐ Ho Tao Fi Clinic (Waterloo)
☐ Ho Tai Fu Clinic (Butterfly Estate)

● Password Settings

New Password

Confirm Password

Web password tips
1. Contains at least 3 of the following 4 character groups.
- English uppercase characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, \$, #, %)
2. Password length: 8 - 20 digits
3. Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password

● Account Status

Account Status ☐ Suspended

Account Locked ☐ Locked

Add

Click 2

eHealth System - My Profile - Windows Internet Explorer

● Data Entry Account List

	Username
1	DE1_5342
2	DE2_5342

● Data Entry Account Information

● Login Information

Username

Username tips
1. Username length: 4 - 20 characters

Practice

☐ United Health Service
☐ Ho Tai Fu Clinic
☐ Ho Tai Fu Clinic (HMT)
☐ Ho Tao Fi Clinic (Waterloo)
☒ Ho Tai Fu Clinic (Butterfly Estate)

● Password Settings

New Password Poor >> Moderate >> Strong

Confirm Password

Web password tips
1. Contains at least 3 of the following 4 character groups.
- English uppercase characters (A through Z)
- English lower case characters (a through z)
- Numerals (0 through 9)
- Non-alphabetic characters (such as !, \$, #, %)
2. Password length: 8 - 20 digits
3. Avoid using names, birthdays, phone numbers, ID numbers or words or numbers that are easily identified as password

● Account Status

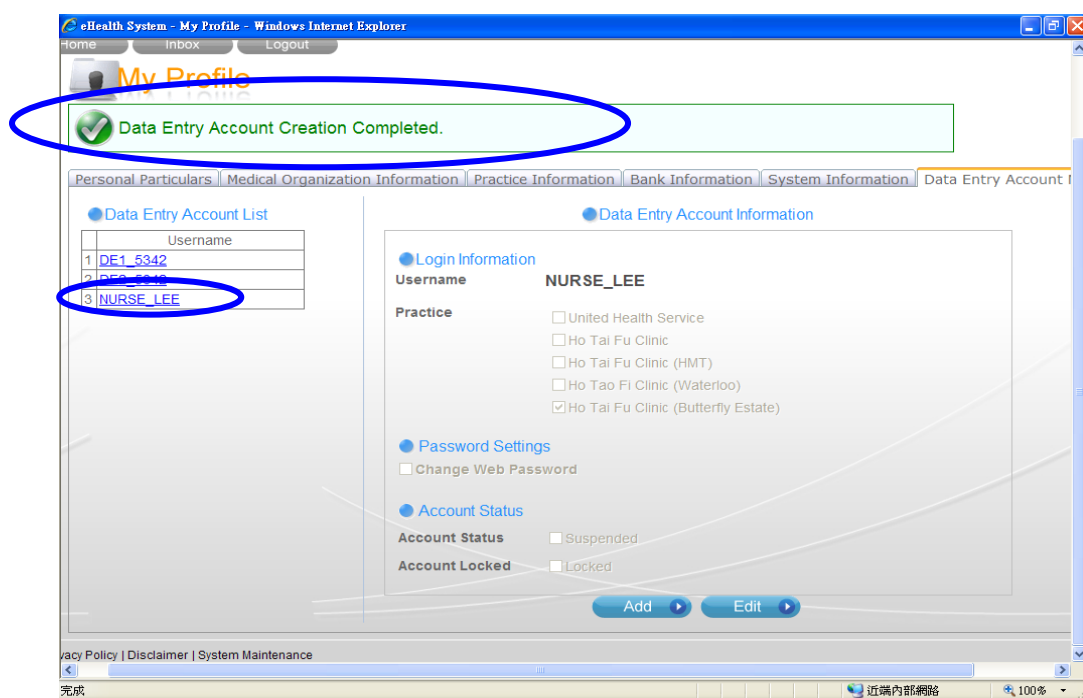
Account Status ☐ Suspended

Account Locked ☐ Locked

Cancel **Save**

Select the practice for the data entry account.

Press "Save" to add Data Entry Account.



3.5. Viewing electronic vaccination record of eligible recipient

VMO should check the recipient's electronic vaccination record in the eHS(S) before providing vaccination to avoid duplication of vaccination. VMO should never provide vaccination to recipient if the recipient's vaccination record has not been checked in the eHS(S).

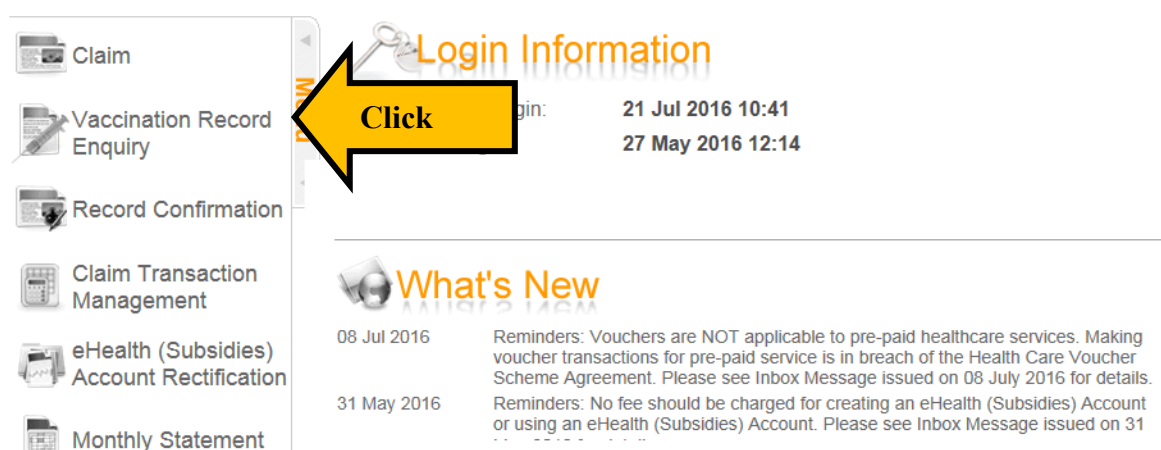
Vaccination is only applicable if there is available vaccination quota in a particular season for the eligible person and he/she is clinically indicated for vaccination. VMO should note that vaccination fee will not be reimbursed if vaccination is provided to an ineligible person or to an eligible person who has no available vaccine quota.

Electronic vaccination record showed vaccine recipient's vaccination history from both eHS(S) and Hospital Authority's database. The record can be retrieved through "Vaccination Record Enquiry" or can be viewed after logging into vaccine recipient's eHealth (Subsidies) account.

To view the electronic vaccination record of an eligible recipient, the VMO is required to: –

- a) Collect the "Vaccination Consent Form" of recipient from the RCH/DI (it is essential that the consent form should be duly completed and the information on it is correct);

- b) Counter-check with RCH/DI in-charge the HKIC/Certificate of Exemption/ other valid documents shown on consent form of the vaccine recipient to verify the information is correct;
- c) Log in the eHS(S) and select the “Vaccination Record Enquiry” function;
- d) Using the identity information provided in the consent form to search for the vaccination record of the eligible person;
- e) Verify the eligible person’s past vaccination history and vaccination records in the eHS(S) and decide whether vaccination is needed; and
- f) Categorise the recipient according to their eligibility for seasonal influenza and pneumococcal vaccination.
- g) If the vaccine recipient does not have an eHealth (Subsidies) account, the VMO should input the information required in the system in respect of the eligible person to create an eHealth (Subsidies) account (see Section 3.6);



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

Click

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.

Privacy Policy | Important Notices | System Maintenance

院舍編號

(由院舍填寫)

HP 衛生署

院舍防疫注射計劃

疫苗接種同意書

醫健通(資助)系統交易編號

1. TR

2. TR

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	/

接種記錄	2018/19 年度 接種日期 (日/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)

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)
中文電碼 (如適用)		性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女
出生日期	日 月 年	

3.6. Retrieving/Creating eHealth (Subsidies) account for vaccine recipient

To retrieve/create an eHealth (Subsidies) account for vaccine recipient, the VMO is required to: –

- a) Collect the “Vaccination Consent Form” of recipient from the RCH/DI (it is essential that the consent form should be duly completed);
- b) Counter-check with RCH/DI in-charge the HKIC/Certificate of Exemption/ other valid documents shown on consent form of the vaccine recipient to verify the information is correct;
- c) Search in the eHS(S) to see if the validated eHealth (Subsidies) account of the eligible recipient already exists;
- d) If no existing eHealth (Subsidies) account can be found in eHS(S), input the required information of the eligible recipient into the eHS(S) manually to create an eHealth (Subsidies) account; and
- e) Upon submission of the information to the eHS(S), a “temporary” eHealth (Subsidies) account will be created for the eligible recipient.



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
- ☐ 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](#)

Annotations:

- Select:** Points to the Scheme dropdown menu.
- Select:** Points to the Hong Kong Identity Card radio button.
- Enter Information:** Points to the HKIC No. and Date of Birth input fields.
- Click:** Points to the Search button.



Claim

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

>>>1a. Get Consent 1b. Enter Details 1c. Complete Creation

Temporary eHealth Account Creation

Search Information

Document Type: Hong Kong Identity Card

HKIC No.: D123456(1)

DOB: 08-08-1930

There is no record of this account. Please obtain consent from the applicant to provide personal information to create a temporary account.

[Cancel](#) [Create Account](#)

Annotation:

- Click:** Points to the Create Account button.



Claim

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

1a. Get Consent >>> 1b. Enter Details 1c. Complete Creation

Enter Details

Current Practice: RCHD (1)

Please enter the account information shown on Hong Kong Identity Card. [Help](#)

Enter Information: Points to the input fields for Name (CHAN, TAI MAN), ID Number (7115 1129 2429), Date of Birth (08-08-1930), and Date of Issue (01-01-08).

Click: Points to the Next button.



Claim

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

1a. Get Consent 1b. Enter Details >>> 1c. Complete Creation

Temporary eHealth Account has been created!

Account Information

Reference No.	C12718-45-9
eHealth Account Creation Time	18 Jul 2012 12:39
Document Type	Hong Kong Identity Card
Name	CHAN, TAI MAN (陳大文)
DOB	08-08-1930
Gender	Male
Date of Issue	01-01-08
HKIC No.	D123456(1)

[Proceed to Claim](#) [Next Creation](#)

Click (indicated by a large yellow arrow pointing to the 'Next Creation' button)

3.7. Claiming vaccination fee

Having created an eHealth (Subsidies) account, the VMO can claim the vaccination fee **after the vaccination has been provided**. The VMO is required to:-

- Log in the eHS(S) and select the Claim function;
- If there are more than one enrolled practices, select practice to proceed;
- Search in the eHS(S) using the information of the “Vaccination Consent Form” to see if the validated eHealth (Subsidies) account of the eligible recipient already exists;
- If a validated eHealth (Subsidies) account is found, verify the details and confirm the account;
- If no existing eHealth (Subsidies) account can be found in eHS(S), use the temporary eHealth (Subsidies) account previously created during checking of vaccination record of the eligible recipient to claim the vaccination fee;
- Enter claim information such as the vaccine (e.g. seasonal influenza and/or pneumococcal vaccine(s)) administered. (Claims have to be submitted in the eHS(S) within SEVEN days counting from the day of vaccination.); and
- Any claim for vaccination fee not made within seven calendar days counting from the day of vaccination will be considered as a **LATE CLAIM** and the Government shall have the absolute discretion to refuse payment of any vaccination fee to a VMO or its Associated Organization for such late claim.



(See Section 3.6 “Retrieve/Creating eHealth (Subsidies) account for vaccine recipient)



Account Information

Document Type: Hong Kong Identity Card
 Name: CHAN, TAI MAN (陳大文)
 HKIC No.: D123456(1)
 Date of Birth / Gender: 08-08-1930 / Male
 Date of Issue: 01-01-08

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.

Close Click

(Sample: Recipients who have received 23vPPV or PCV13)

Claim Information

Practice: KAM YI JE Clinic (1)
 Scheme: Residential Care Home Vaccination Programme
 Service Date: 05-11-2018
 Category: ☐ Health Care Worker ☒ Resident ☐ Persons with Intellectual Disability (or related)
 RCH Code: BH1071
 RCH Name: TUNG WAH GROUP OF HOSPITALS - WOMEN'S WELFARE CLUB WESTERN DISTRICT, HONG KONG RESIDENTIAL CARE HOME FOR THE ELDERLY

Subsidy	Dose	Injection Cost	Remarks
<input checked="" type="checkbox"/> RQIV 2018/19	Only Dose	\$70	
<input type="checkbox"/> 23vPPV	Only Dose	\$70	Vaccinated
<input type="checkbox"/> PCV13	Only Dose	\$70	Vaccinated
Total Injection Cost		\$70	

Claim completed! Please fill in the Consent Form the complete Transaction No.

Account Information

Document Type: **Hong Kong Identity Card**

Name: **CHAN, SIU KWONG (陳兆光)** Date of Birth / Gender: **1935 / Male**

HKIC No.: **TL150XXX(X)** Date of Issue: **18-01-07**

Claim Information

Transaction No.: **TR18B05-14-2**

Transaction Time: **05 Nov 2018 11:44**

Scheme: **Residential Care Home Vaccination Programme**

Transaction Status: **Ready to Reimburse**

Service Date: **05 Nov 2018**

Practice: **KAM YI JE Clinic (1)**

Bank Account No.: **000-X0X-X00X93X**

Service Type: **Registered Medical Practitioners**

Category: **Resident**

RCH Code: **BH1071**

RCH Name: **TUNG WAH GROUP OF HOSPITALS - WOMEN'S WELFARE CLUB WESTERN DISTRICT, HONG KONG RESIDENTIAL CARE HOME FOR THE ELDERLY**

Subsidy ①	Dose	Injection Cost
RQIV 2018/19	Only Dose	\$70
	Total Injection Cost	\$70

Next Claim → Claim For Same Patient →



院舍編號
(由院舍填寫)

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)	

衛生署
院舍防疫注射計劃
疫苗接種同意書

醫健通(資助)系統交易編號	
1. TR	
2. TR	
接種記錄	2018/19 年度 接種日期 (日/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	/ /
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)
中文電碼 (如適用)		性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女
出生日期	日 月 年	

3.8. Confirming the transaction record

If the claim is entered by the VMO's delegates using "Data Entry Account", the VMO is required to log on to the eHS(S) at the end of each day's session, using his/her Service Provider ID, password and authentication token, to review and confirm the transaction records registered by his/her delegates using the "Data Entry Account". (For data entry account creation, please refer to Section 3.4).

eHealth System (Subsidies)

VO, RCHD

Inbox Logout

Menu

- Claim
- Vaccination Record Enquiry
- Record Confirmation**
- Claim Transaction Management
- eHealth (Subsidies) Account Rectification
- Monthly Statement
- My Profile
- User Manual
- Proper Practice

Login Information

Last Successful Login: 21 Jul 2016 15:14
Last Failure Login: 21 Jul 2016 14:52

What's New

Task List

● List of Outstanding Temporary eHealth (Subsidies) Account Pending Rectification

You have 12 unrectified eHealth (Subsidies) Account(s).

GO

You are reminded to rectify the details in this/these eHealth (Subsidies) Account(s) immediately. Unless an eHealth (Subsidies) Account is rectified, the claim(s) under the account will be suspended.

繁體 English
醫健通 ehealth
21/07/2016 16:22:40

eHealth System (Subsidies)

VO, RCHD

Home Inbox Logout

Record Confirmation

Search Record

Confirmation Type: ☒ Claim Transaction ☐ eHealth (Subsidies) Account

☒ Include "Incomplete" Claims

Cut-off Date: 21-07-2016

Practice: Any

Data Entry Account: Any

Scheme: Any

Search

繁體 English
醫健通 ehealth
21/07/2016 14:57:41

You may press the transaction no. to view/void the claim details.

You may press the column header to sort the records.

You may select the record(s) by clicking the checkbox, or clicking the checkbox at the column header for all records. Then press 'Confirm Selected' button.

	Transaction No.	Transaction Time	Scheme	Document Type	Identity Document No.	Name	No. of Units Redeemed	Total Amount (\$)	Other Information	
1	TE09A07-45-5	07 Oct 2009 20:06	EVSS	HKIC	UP988XXX(X)	LAM, SAI WAN (林細雲)	1	130	Details	Ho T (Butt
2	TE09A07-46-7	07 Oct 2009 20:09	EVSS	HKIC	Y000XXX(X)	CHEUNG, PLEASURE (張快樂)	1	190	Details	Ho T (Butt
3	TC09A07-103-3	07 Oct 2009 20:14	CIVSS	REPMT	BB123XXX	LEE, GA GA	1	80	Details	Ho T (Butt
4	TC09A07-104-8	07 Oct 2009 20:14	CIVSS	REPMT	F000XXX(X)	WOO, KA WAI	1	80	Details	Ho T (Butt

Page 1 of 1 (4 items)

Back Confirm Selected

Upon confirmation by the VMO, the information entered through the “Data Entry Account” will be submitted to the eHS(S). Confirmation procedure is not required if transaction claim is made using “Service Provider Account”.

Records/transactions voided by the VMO will not be submitted to the eHS(S).

All records/transactions claimed/voided can be reviewed at the “Claim Transaction Management” function in the “Service Provider Account”.

3.9. Voiding claims

The VMO can void a claim through the “Claim Transaction Management” function in the eHS(S) within 24 hours of making the claims. The concerned transaction record would be selected and marked as “voided”. VMO has to input the void reason and click to “Confirm”.

Claim

Record Confirmation

Claim Transaction Management

eHealth Account Rectification

Monthly Statement

My Profile

Menu

Claim Transaction Management

Search Claim Record

Practice
Any

Transaction No.
Any

Scheme
Any

From 15-07-2010 To 15-07-2010

Search

You may select the claim record(s) by different criteria.

Click 2

Click 1

Claim Transaction Management

Claim Information

Account Information

Document Type
Name
HKIC No.

Hong Kong Identity Card
CHAN, TAI MAN (陳大文)
D123XXX(X)

Date of Birth / Gender
Date of Issue

08-08-1930 / Male
01-01-08

Claim Information

Transaction No.
Confirmed Time
Scheme
Transaction Status
Service Date
Service Provider
Practice
Bank Account No.
Service Type
Category
RCH code
RCH name

TR10715-13-6 (15 Jul 2010 14:46)
15 Jul 2010 14:46
Residential Care Home Vaccination Programme
Pending eHealth Account Validation
15 Jul 2010
CHAU, LEONG
LEONG Clinic (1)
XXX-002-000XXXX
Registered Medical Practitioners
Resident
SD0013
The Spastics Association of Hong Kong - Jockey Club Bradbury Wah Sum Care Centre (C&A/SD)

Back Void

Click 3

Claim Transaction Management

Void Transaction completed! The eHealth Account (C10721-314-6) is also removed. Please record the Void Transaction No. (V10721-23-6) in consent form.

Void Transaction Time
Void Transaction No.

21 Jul 2010 11:46
V10721-23-6

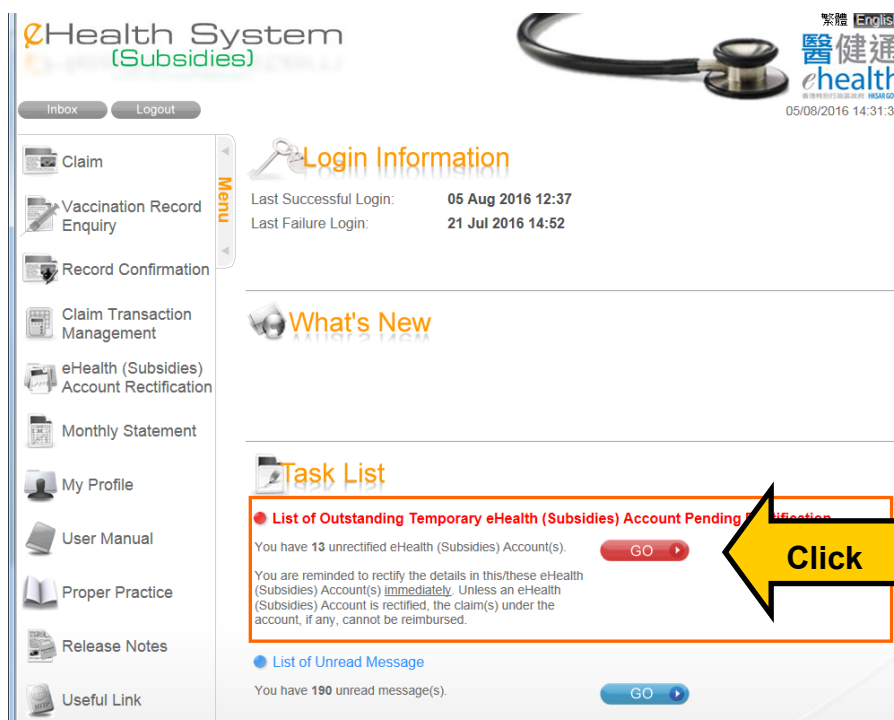
Return

3.10. Validation of temporary eHealth (Subsidies) account information

The personal data entered will be validated through matching with database kept by the Immigration Department (ImmD). The input data will be validated at the end of the day. If the personal data cannot be validated with the database of the ImmD (e.g. the HKIC does not exist or the date of birth does not match with the HKIC number), the eHS(S) will notify the respective VMO to check and rectify the information accordingly. Amended information upon resubmission will be validated with the database of the ImmD again.

3.11. Rectification of temporary eHealth (Subsidies) account information that failed validation

Upon receiving notification about failed validation of the “temporary” eHealth (Subsidies) account, VMOs are required to verify the personal particulars for the corresponding vaccine recipient’s account and rectify the relevant information in the eHS(S) accordingly. Otherwise, the claims for the vaccination fee related to the record in question will not be processed and the claim cannot be reimbursed.



Status	Subject	Receive Date
<input type="checkbox"/>	Notice to rectify details in eHealth account	14 Oct 2009 21:17
<input type="checkbox"/>	更正「醫健通戶口」的資料	14 Oct 2009 20:38
<input type="checkbox"/>	醫療券計劃付還通知	14 Oct 2009 17:24
<input type="checkbox"/>	更正「臨時醫療券使用者戶口」的資料	14 Oct 2009 17:24
<input checked="" type="checkbox"/>	更正「臨時醫療券使用者戶口」的資料	14 Oct 2009 14:35
<input checked="" type="checkbox"/>	更正「臨時醫療券使用者戶口」的資料	02 Oct 2009 00:40
<input checked="" type="checkbox"/>	更正「臨時醫療券使用者戶口」的資料	01 Oct 2009 06:01
<input type="checkbox"/>	Discontinued use of "Voucher Account Creation Form" and other amendments to the "HCVS Terms and Conditions of Agreement" 終止使用「開設醫療券戶口表格」及其他「醫療券計劃協議的條款和條件」的修訂	01 Sep 2009 01:57
<input type="checkbox"/>	Temporary service suspension for System upgrade on 01 Sept 2009 (Tuesday) / 2009年9月1日 (星期二) 暫停服務，以進行系統提升	25 Aug 2009 19:25
<input type="checkbox"/>	Reimbursement of voucher claims/付還醫療券申報金額	25 Aug 2009 19:19

1 2 Page 1 of 2 (17 items)

[Delete](#) Note: The message(s) will be kept for 180 days.

Subject	Notice to rectify details in eHealth account
Content	<p>現特告知，你在開設醫健通戶口時填寫的部分資料未獲確認。請查閱工作列並更正資料，否則任何在此等醫健通戶口名下申報的金額將不獲發還。</p> <p>多謝合作。</p> <p>衛生署</p> <p>Please be informed that some details of the eHealth account(s) created by you cannot be validated. Please check the Task List and rectify the information. Otherwise the claim(s) under this/these account(s), if any, cannot be reimbursed.</p> <p>Thank you for your cooperation.</p> <p>Department of Health</p>

eHealth System
(Subsidies)

VO, RCHD

[Inbox](#)

[Logout](#)

[Claim](#)

[Vaccination Record Enquiry](#)

[Record Confirmation](#)

[Claim Transaction Management](#)

[eHealth \(Subsidies\) Account Rectification](#)

[Monthly Statement](#)

[Login Information](#)

Last Successful Login: 21 Jul 2016 15:14

Last Failure Login: 21 Jul 2016 14:52

[Yi](#)
[YK](#)

[What's New](#)



繁體 English
醫健通
ehealth
21/07/2016 16:27:07





eHealth (Subsidies) Account Rectification



Rectification completed. Details to be further verified by Immigration Department.

Return

If the relevant transactions still cannot be resolved through the eHS(S) after rectification, you may need to provide the necessary documents to the VO for arranging payment manually. Please contact VO for detailed arrangement.

In case of prolonged failure to rectify the temporary eHealth (Subsidies) account information, the temporary eHealth (Subsidies) account will be deleted by the system and the claim related to the account in question may be voided.

3.12. Reimbursement

Reimbursement of the vaccination fee would be performed on a monthly basis and will be paid directly into the accounts designated by the VMOs.

Please note that the reimbursement would be made to validate eHealth (Subsidies) account only. In order to effect payment, VMOs are required to ensure that they have rectified information of temporary eHealth (Subsidies) account(s) that have failed validation with the database of ImmD. (see Section 3.11 Rectification of temporary eHealth (Subsidies) account information that failed validation). They are also required to check the transaction records and confirm the entries entered by their data entry clerks (see Section 3.8 Confirming the transaction record).

To avoid delay in the process of reimbursement / or claims for reimbursement may not be processed, enrolled doctors are required to make vaccination claim **WITHIN SEVEN DAYS** after the delivery of vaccination service (both days inclusive).

At the end of each month, the eHS(S) will generate payment files based on the claims transaction logged by the eHS(S) for processing reimbursement. Upon checking of the accuracy of these claims, the reimbursement will be paid directly into the VMO's designated bank accounts.

The system will generate notification message to the VMO (to the “Message Inbox” which will be accessible through logging in the eHS(S)). VMO can access the eHS(S) for their monthly statements which contain details of the amount of reimbursement for them under RVP.

However, if any irregularity is found in the claims submitted by the VMO, the Government shall be entitled to suspend the payment of the vaccination fee to a VMO. Such payment shall be made upon satisfactory checking conducted by and until the Government is satisfied that the vaccination fee should be paid after investigation.

The screenshot displays the eHealth System (Subsidies) interface. The left sidebar contains a menu with options: Claim, Vaccination Record Enquiry, Record Confirmation, Claim Transaction Management, eHealth (Subsidies) Account Rectification, Monthly Statement, My Profile, User Manual, Proper Practice, Release Notes, and Useful Link. The main content area shows the 'Monthly Statement' section, which includes a 'Monthly Statement Summary' table and a 'Task List'.

Monthly Statement Summary

Practice: [Lee Ka Wing Clinic]
Statement: As of 31 Aug 2009
[Search]

eHealth System Monthly Statement As of 31 Aug 2009			
Health Care/Vaccination Subsidy Scheme (HCSS)			
No. of transaction(s)	2		
No. of vaccine(s)	3		
Sub-total (\$): HCSS			150
Childhood Influenza Vaccination Subsidy Scheme (CIVSS)			
No. of transaction(s)	3		
No. of childhood seasonal influenza vaccination(s)	3		
Sub-total (\$): CIVSS			240
Elderly Vaccination Subsidy Scheme (EVSS)			
No. of transaction(s)	1		
No. of human swine influenza vaccine(s)	1		
No. of elderly seasonal influenza vaccine(s)	1		
No. of 23-valent pneumococcal polysaccharide vaccine(s)	1		
Sub-total (\$): EVSS			370
Human Bone Influenza Vaccination Subsidy Scheme (HBVSS)			
No. of transaction(s)	2		
No. of human swine influenza vaccine(s)	2		
Sub-total (\$): HBVSS			100
Essential Care Home Vaccination Programme (ECHVP)			
No. of transaction(s)	1		
No. of human swine influenza vaccine(s)	1		
Sub-total (\$): ECHVP			90
Total amount (\$)			810

Task List

- List of Outstanding Temporary eHealth (Subsidies) Account Pending Rectification**
You have 12 unrectified eHealth (Subsidies) Account(s). [GO](#)
You are reminded to rectify the details in this/these eHealth (Subsidies) Account(s) immediately. Unless an eHealth (Subsidies) Account is rectified, the claim(s) under the account, if any, cannot be reimbursed.
- List of Unread Message**
You have 189 unread message(s). [GO](#)

3.13. Authentication token

If the VMO loses the authentication token, or if the token is damaged, he/she should approach the VO for replacement.

VO will verify the identity of the VMO requesting for the replacement, suspend the old authentication token and re-issue a new token to the doctor by mail.

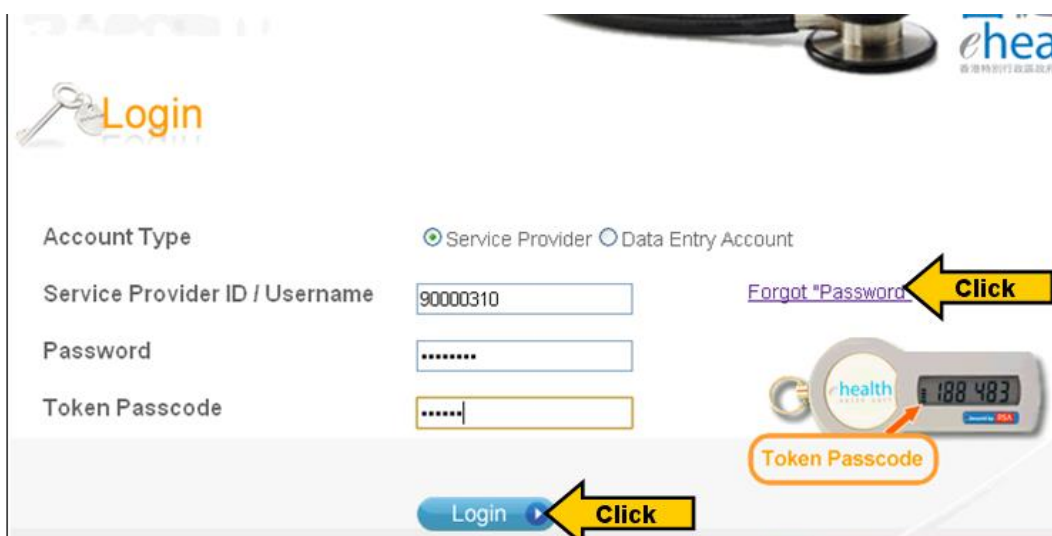
An administrative fee needs to be collected from the VMO for the replacement of authentication token.

Please note that authentication token should not be transferred to other parties for use.

3.14. Forgetting password

If the VMO forgets his/her password, he/she should click “Forgot Password” in the login page and enter the Service Provider ID, registered email address (which he/she had provided during application for enrolment) together with the token passcode into the system.

After validation, an email will be sent to the email address automatically by the system and a hyperlink will be provided for VMO to reset the password.



The screenshot shows the eHealth login interface. At the top left is a 'Login' link with a key icon. Below it are input fields for 'Service Provider ID / Username' (containing '90000310'), 'Password' (masked with dots), and 'Token Passcode' (containing '****'). To the right of these fields is a 'Forgot *Password' link, which is highlighted with a yellow arrow and the word 'Click'. Below the input fields is a blue 'Login' button, also highlighted with a yellow arrow and the word 'Click'. To the right of the 'Token Passcode' field is an image of a physical authentication token, which is a circular device with a digital display showing '188 483'. A yellow arrow points to the token with the label 'Token Passcode'. The top right corner features the 'ehea' logo and the text '香港特別行政區政府'.

3.15. Locked account

An account will be locked after 5 unsuccessful attempts of logging in the eHS(S). If the VMO's account is locked, please contact the VO during office hours.

If the data entry account is locked, the VMO can log in the service provider account, enter "My Profile", then choose the specific data entry account and unlock it.

3.16. Accessing and editing personal information

The VMO can access and retrieve the particulars of himself/herself, his/her place of practice and bank information from the eHS(S) by logging in the system (using the authentication token) and choose "My Profile" function. Under this function, VMO can click the "System Information" tab to view and then "Edit" to change/select his/her own username, default web interface language and web password.

4. Other Highlights

4.1. Amendment of particulars

If there is any change of information provided e.g. bank information, address, please fax a completed Change Form (downloadable from CHP website at <http://www.chp.gov.hk>) with the required documentary proof to the VO of the DH.

For change of the registered medical organisation, VMO is required to:

- (i) complete a Change Form and send it to the DH by fax to remove the practice(s) under the previous medical organisation; and
- (ii) send in new Application Form and Authority for Payment to a Bank and the supporting documentary proof for re-enrolling with the new medical organisation (registered mail recommended).

Acknowledgement will be given by the VO.

4.2. Withdrawal

VMO has the right to leave the programme at any time. In that case, he/she is required to furnish a Change Form (downloadable from CHP website at <http://www.chp.gov.hk>) and fax to the DH. Upon receiving the notification, DH will contact the VMO for confirmation.

The VMO's name, clinic addresses and telephone numbers will be removed from the VMO list which will be provided to RCHs/DIs upon request or being published for RCH information. Once a VMO has withdrawn, he/she cannot claim reimbursement for any vaccination services given afterwards. However, outstanding claims pending reimbursement will still be processed.

If VMO plans to cease practice, he/she shall inform in writing to the VO at least one month before the practice ends.

4.3. De-listing

The DH may de-list a VMO if:

- a) He/she ceases to be so registered;
- b) He/she is suspended from practicing as registered medical practitioner;
- c) The Government is of the reasonable opinion that he/she has failed to provide medical services in a professional manner or is otherwise guilty of professional misconduct or malpractice; or
- d) The Government considers that he/she has failed to comply with the provisions in the agreement or direction given by the Government.

The VO will inform the VMO for the delisting. Once a doctor is de-listed, he/she cannot claim reimbursement for any vaccination services given afterwards. However, outstanding claims pending reimbursement will still be processed.

4.4. Monitoring and inspection

The VO will conduct random checks to detect possible abuse of the RVP. For monitoring purpose, VMOs are advised to retain the vaccination records and the Consent Forms for at least seven years for the purpose. Be prepared for calls from the VO and provide relevant documents as required for checking. VMOs will be required to refund the vaccination fee reimbursed should any irregularity is detected and cannot be clarified. Randomly selected vaccine recipients and in-charge person of RCH/DI will be contacted for verification purpose.

4.5. Data security and privacy

VMOs should be careful in handling personal data of clients. Keep the signed Consent Forms collected from recipients in locked cabinets and limit the number of persons who can access the personal data to prevent indiscriminate or unauthorized access, processing and use of personal data.

4.6. Reporting vaccine adverse reaction

Adverse drug reaction (ADR) reporting is important for vaccine safety surveillance and programme monitoring. You are therefore encouraged to report the following ADR cases to the DH.

1. All suspected serious ADR, even if the reaction is well known, which
 - is life-threatening or fatal;
 - results in or prolongs hospitalization;
 - causes persistent incapacity or disability; or
 - causes birth defect.
2. Suspected drug interactions including drug-drug and drug-herb interactions;
3. Non-serious ADRs but the reactions are deemed medically significant by the healthcare professional (e.g. increased frequency or unusual presentation of a known ADR);
4. Unexpected ADRs, i.e. the reactions are not found in the product information or labelling (e.g. an unknown side effect in a new drug).

Please refer to the website of Drug Office of the DH for the Reporting Guidelines and ADR Report Form at:

http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html.

5. Forms and Cards

5.1. Enrolment documents

The following transaction documents are downloadable from CHP website at http://www.chp.gov.hk/en/view_content/23543.html

5.2. Other forms and documents

5.2.1. Vaccination Consent Form

Consent form for recipients in RCHs

RCH Code		Department of Health		eHIS(S) Transaction No.	
(To be completed by RCH)				1. TR	
Previous Vaccination (MM/YY)		Type of Vaccine*		2. TR	
SIV		SIV		Vaccination Date in 2018/19 (DD/MM/YY)	
PCV13		PCV13		/ /	
23vPPV		23vPPV		/ /	
(To be completed by VMO)		Name of VMO:			

Note: 1. Please complete this form in BLOCK LETTERS using black or blue pen.
2. Duly completed and signed consent form should reach Visiting Medical Officer (VMO) **at least 10 working days** prior to vaccination for checking vaccination record of the recipient.
3. This form is to be retained by the VMO after vaccination.


Part A Personal Particulars of the recipient (as stated on the identity document)			
Name	(English)	(Chinese)	
Date of Birth	dd mm yyyy	Sex	<input type="checkbox"/> Male <input type="checkbox"/> 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) <i>Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.</i>			
<input type="checkbox"/> Hong Kong Identity Card No.	()	Date of Issue	dd mm yyyy
<input type="checkbox"/> Serial No. of the Certificate of Exemption	Reference No.		
<input type="checkbox"/> HKIC No. as shown on the Certificate	()	Date of Issue	dd mm yy
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	()		
<input type="checkbox"/> Hong Kong Re-entry Permit		Date of Issue	dd mm yyyy
<input type="checkbox"/> Document of Identity Document No.		Date of Issue	dd mm yyyy
<input type="checkbox"/> Permit to Remain in HKSAR (ID 255B) Birth Entry No.	()	Permitted to remain until	dd mm yyyy
<input type="checkbox"/> Non-Hong Kong Travel Document No.			
<input type="checkbox"/> Visa/Reference No.	-	-	()
<input type="checkbox"/> Certificate issued by the Birth Registry for adopted Children - No. of Entry			

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

Part B Undertaking and Declaration [Please fill in either Part (I) or (II) or (III) or (IV)]			
Recipient aged 18 or above with mental capacity, please fill in Part (I). Recipient aged below 18 or mentally-incapacitated, please fill in Part (II). Recipient aged below 18 or mentally-incapacitated and Parent/Guardian cannot be contacted, please fill in Part (III) or (IV).			
(I) To be completed by the Recipient (Please insert a "✓" as appropriate.)			
<input type="checkbox"/> I am staff of residential care home for elderly / persons with disabilities. I consent to receive Seasonal Influenza vaccination. OR <input type="checkbox"/> I am a resident/boarder of residential care home for <input type="checkbox"/> elderly / <input type="checkbox"/> persons with disabilities. <input type="checkbox"/> I consent to receive the following vaccine(s): <input type="checkbox"/> Seasonal Influenza vaccine <input type="checkbox"/> 13-valent pneumococcal conjugate vaccine <input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine The information provided in this consent form is correct. I agree to provide my personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".			
Signature of Recipient (or finger print if illiterate, witness to complete Part C)		Date	
(II) To be completed by Parent/Guardian of the Recipient (Please insert a "✓" as appropriate.)			
I confirm that the recipient is a resident/boarder of residential care home for <input type="checkbox"/> elderly <input type="checkbox"/> persons with disabilities. I give my consent for the recipient to receive the following vaccination(s): <input type="checkbox"/> Seasonal Influenza vaccine <input type="checkbox"/> 13-valent pneumococcal conjugate vaccine <input type="checkbox"/> 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. Children aged below 9 and received Seasonal Influenza vaccine in previous season are recommended to receive 1 dose of vaccine. <input type="checkbox"/> First and only dose <input type="checkbox"/> First dose of Seasonal Influenza vaccine <input type="checkbox"/> Second dose of Seasonal Influenza 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 health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".			
Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C)		Name of Parent/Guardian	
Relationship with the recipient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		Hong Kong Identity Card No. / Social Welfare Department Staff No.	
Date			
(III) To be completed by Relative of the Recipient (Please insert a "✓" as appropriate.)			
I have attempted but could not contact Parent/Guardian of the recipient and I agree to providing the following vaccination to the recipient: <input type="checkbox"/> Seasonal Influenza vaccine <input type="checkbox"/> 13-valent pneumococcal conjugate vaccine <input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine			
Signature of the Relative		Name of the Relative	
Hong Kong Identity Card No. (e.g. A123)		Date	
Relationship with the recipient			
(IV) To be completed by In-charge Person of RCH			
We have attempted but could not contact Parent/Guardian of the recipient.			
Signature of In-charge Person		Official Chop:	
Name of In-charge Person			
Post / Title		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	

Updated September 2018

Consent form for recipients in DIs

School / Institution Code (To be completed by School / Institution)	 Department of Health Seasonal Influenza Vaccination for Persons with Intellectual Disability (Non-institutionalized) Under Residential Care Home Vaccination Programme Vaccination Consent Form	eHS(S) Transaction No. 1. TR 2. TR
Previous Seasonal Influenza Vaccination (MM/YY) /		Seasonal Influenza Vaccine 1 st or only dose: / / 2 nd dose: / /
(To be completed by VMO)		Name of VMO: / /

Note: 1. Please complete this form in BLOCK LETTERS using black or blue pen.
2. Duly completed and signed consent form should reach Visiting Medical Officer (VMO) **at least 10 working days** prior to vaccination for checking vaccination record of the recipient.
3. This form is to be retained by the VMO after vaccination.

Part A Personal Particulars of the recipient (as stated on the identity document)	
Name (English)	(Chinese)
Date of Birth (dd mm yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Chinese Commercial Code	
Identity Document (Please select an identity document by inserting a "x" in the appropriate box below and fill in the information required) <i>Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.</i>	
<input type="checkbox"/> Hong Kong Identity Card No.	Date of Issue (dd mm yyyy)
<input type="checkbox"/> Serial No. of the Certificate of Exemption	
Reference No.	
HKIC No. as shown on the Certificate	Date of Issue (dd mm yy)
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	
<input type="checkbox"/> Hong Kong Re-entry Permit	Date of Issue (dd mm yyyy)
<input type="checkbox"/> Document of Identity Document No.	Date of Issue (dd mm yyyy)
<input type="checkbox"/> Permit to Remain in HK SAR (ID 25B) Birth Entry No.	Permitted to remain until (dd mm yyyy)
<input type="checkbox"/> Non-Hong Kong Travel Document No.	
Visa/Reference No.	- - ()
<input type="checkbox"/> Certificate issue by the Birth Registry for adopted Children - No. of Entry	/ /

Part B Undertaking and Declaration [Please fill in either Part (I) or (II) or (III)]	
(Please insert a "x" as appropriate.)	
(I) To be completed by Parent/Guardian of the Recipient <input type="checkbox"/> I confirm that the above service user is a person with intellectual disability. I give my consent for the above service user to receive Seasonal Influenza vaccine. Service user aged below 9 who have never received any Seasonal Influenza vaccine can receive 2 doses in this vaccination season. Children aged below 9 and received Seasonal Influenza vaccine in previous season are recommended to receive 1 dose of vaccine. <input type="checkbox"/> First and only dose <input type="checkbox"/> First dose of Seasonal Influenza vaccine <input type="checkbox"/> Second dose of Seasonal Influenza 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 health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".	
Signature of Parent/Guardian (or finger print if illiterate, witness to complete Part C)	Name of Parent/Guardian Hong Kong Identity Card No. / Social Welfare Department Staff No.
Relationship with the recipient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Date
(II) To be completed by Relative of the Recipient I have attempted but could not contact Parent/Guardian of the recipient and I agree to providing Seasonal Influenza Vaccination to the recipient: <input type="checkbox"/> First and only dose <input type="checkbox"/> First dose of Seasonal Influenza vaccine <input type="checkbox"/> Second dose of Seasonal Influenza vaccine	
Signature of the Relative	Name of the Relative
Hong Kong Identity Card No. (e.g. A123)	Date
Relationship with the recipient	
(III) To be completed by In-charge Person of School / Institution We have attempted but could not contact Parent/Guardian of the recipient.	
Signature of In-charge Person	Official Chop:
Name of In-charge Person	
Post / Title	Date
Part C To be Completed by the Witness (if applicable) This document has been read and explained to the Parent/Guardian of the recipient in my presence.	
Signature of witness	Name of witness
Hong Kong Identity Card No. (e.g. A123)	Date

Updated September 2018

5.2.2. Change Form

For HCVS ONLY Requests To: Health Care Voucher Unit Fax: 3582 4115 or email: hcvu@doh.gov.hk	For VSS / RVP and HCVS (if any) Requests To: Vaccination Office Fax: 2713 9576 or email: vacs@doh.gov.hk
------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Request to Change Particulars Enrolled Health Care Provider under the Health Care Voucher Scheme (EHCP/ Doctor Enrolled in Vaccination Subsidy Scheme and/or Residential Care Home Vaccination Programme (Enrolled Doctor) (Read "Notes for Attention" before completing this form)

Legend: HCVS: Health Care Voucher Scheme; VSS: Vaccination Subsidy Scheme; RVP: Residential Care Home Vaccination Programme; PCD: Primary Care Directory; DA: Disability Allowance; TIV: Trivalent influenza vaccine; QIV: Quadrivalent influenza vaccine; PCV13: 13-valent pneumococcal conjugate vaccine; 23vPPV: 23-valent pneumococcal polysaccharide vaccine; PID: Persons with Intellectual Disability

Present Particulars of EHCP/ Enrolled Doctor	
Name of EHCP/ Enrolled Doctor	(SPID No.):
EHCP/ Enrolled Doctor HKIC No.:	
Name of Medical Organisation:	
CHANGE REQUESTS (Please put a "✓" in the appropriate box(es))	
(A) Personal Particulars of EHCP/ Enrolled Doctor:	
Correspondence address (in English)	
(in Chinese)	
Contact email address	
Daytime contact tel. no.	
Fax no.	
(B) Particulars of Medical Organisation:	
Correspondence address (in English)	
(in Chinese)	
Contact email address	
Daytime contact tel. no.	
Fax no.	
(C) Practice Details and Service Fees:	
(i) REMOVE practice from EHCP/ Enrolled Doctor's enrolment	
Practice name (in English)	
(in Chinese)	
Practice address (in English)	
(in Chinese)	
Reasons for removal [Optional]	
Scheme(s) Programme to which this removed practice relates:	
<input type="checkbox"/> HCVS <input type="checkbox"/> VSS <input type="checkbox"/> RVP <input type="checkbox"/> PCD	

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(ii) ADD practice under EHCP/ Enrolled Doctor's enrolment [N.B. If a new bank account is nominated, please complete an "Authority for Payment to a Bank" and submit the required documentary proofs by post.]	
<input type="checkbox"/> Practice name (in English)	:
(in Chinese)	:
<input type="checkbox"/> Practice address (in English)	:
(in Chinese)	:
<input type="checkbox"/> Practice tel. no.	:
Scheme(s) Programme to which this new practice relates (only applicable to EHCP/ Enrolled Doctor who has already enrolled in the respective Scheme(s) Programme):	
<input type="checkbox"/> HCVS <input type="checkbox"/> VSS <input type="checkbox"/> RVP <input type="checkbox"/> PCD	
Type of practice selected for display on the PCD (For EHCP/ Enrolled Doctor enrolled in PCD only):	
<input type="checkbox"/> Non-governmental Organisation <input type="checkbox"/> Private <input type="checkbox"/> University	
<input type="checkbox"/> Please deliver the Smart IC Card Reader to the new practice via post.	
(iii) UPDATE service fees (exclusive of Government subsidy) [N.B. The service fees information for use of QIV will be displayed in the on-line directory of the CHP website. The service fees information for use of TIV is for monitoring purpose and will NOT be displayed in the on-line directory of the CHP website.]	
<input type="checkbox"/> Pregnant Women	TIV \$ QIV \$
<input type="checkbox"/> Children	TIV \$ QIV \$
<input type="checkbox"/> PID	TIV \$ QIV \$
<input type="checkbox"/> DA Recipients	TIV \$ QIV \$
<input type="checkbox"/> Persons aged 50 to 64	TIV \$ QIV \$
<input type="checkbox"/> Elderly aged 65 or above	TIV \$ QIV \$ 23vPPV \$ PCV13 \$
(D) Bank Details:	
<input type="checkbox"/> CHANGE in bank details of currently enrolled practices [N.B. To be supported by a completed "Authority for Payment to a Bank" and submit the required documentary proofs by post.]	
(E) Withdrawal:	
WITHDRAWAL from <input type="checkbox"/> HCVS <input type="checkbox"/> VSS <input type="checkbox"/> RVP <input type="checkbox"/> PCD	
Reasons for withdrawal [Optional] :	
(F) Others:	

(Official Stamp)

Signature of EHCP/ Enrolled Doctor	Authorised Signature For and on behalf of the Medical Organisation
Name in Block Letters	Name in Block Letters (Authorised Signatory)
Date:	Date:

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5.2.3. Vaccination Card

TYPE OF VACCINE 疫苗種類		DATE 日期	DOCTOR / CLINIC 醫生 / 診所	REMARKS 附註 (including adverse effects 包括接種後的反應)
HEPATITIS B VACCINE 乙型肝炎疫苗	FIRST DOSE 第一次			
	SECOND DOSE 第二次			
	THIRD DOSE 第三次			
PNEUMOCOCCAL VACCINE 肺炎球菌疫苗	PCV (Specify type 註明種類)	FIRST DOSE 第一次		
		SECOND DOSE 第二次		
		THIRD DOSE 第三次		
		BOOSTER 加強劑		
	PPV (Specify type 註明種類)	FIRST DOSE 第一次		
ANTI-TETANUS TOXOID 預防破傷風疫苗	FIRST DOSE 第一次			
	SECOND DOSE 第二次			
	THIRD DOSE 第三次			
INFLUENZA VACCINE 流行性感冒疫苗				

SAMPLE

SAMPLE

OTHERS 其他

REMARKS 附註
(including adverse effects
包括接種後的反應)

DOCTOR / CLINIC
醫生 / 診所

DATE
日期

TYPE OF VACCINE
疫苗種類

DEPARTMENT OF HEALTH
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION
香港特別行政區政府衛生署
VACCINATION RECORD
疫苗注射記錄

Name 姓名 _____

Date of Birth 出生日期 _____ Sex 性別 _____

Parent's/Guardian's Name
父母/監護人姓名 _____

This record should be presented on receiving subsequent vaccination. Please keep all the
vaccination records properly because they may be required later as documentation of the
vaccines received.

下次接種疫苗時須出示此記錄。
請妥善保存所有疫苗接種記錄卡或小冊子，因為這些記錄日後可作為曾接種過有
關疫苗的證明。

DH2684 (Revised 08/2010)

重要文件，請永久保存
Please retain this immunisation record indefinitely

Interior

Cover

Reference

1. Drug Office, the Department of Health
<http://www.drugoffice.gov.hk/eps/do/index.html>
2. Centre for Health Protection website
<http://www.chp.gov.hk>
3. Code of Professional Conduct, the Medical Council of Hong Kong
<http://www.mchk.org.hk/code.htm>
4. Department of Health website
<http://www.dh.gov.hk/>
5. Scientific Committee on Vaccine Preventable Diseases Recommendations on Seasonal Influenza Vaccination for the 2018/19 Season
http://www.chp.gov.hk/files/pdf/scvdpd_recommendations_on_siv_for_2018_19_season.pdf
6. Scientific Committee on Updated Recommendations on the Use of Pneumococcal Vaccines for High-risk Individuals (July 2016)
http://www.chp.gov.hk/files/pdf/updated_recommendations_on_the_use_of_pneumococcal_vaccines_amended_120116_clean_2.pdf

Samples of Identity documents

(1) Samples of Hong Kong Birth Certificate (with status of permanent resident indicated as “Established”)

Issued between 1.7.1997 and 27.4.2008

BIRTHS AND DEATHS REGISTRY, HONG KONG
香港出生及死亡登記處

CERTIFIED COPY OF AN ENTRY IN A REGISTER OF BIRTHS
KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
根據出生及死亡條例備妥的出生登記處內一項紀錄的核對副本

(1) Registration No. 出生編號	SL234967
(2) Date and place of birth 出生日期及地點	5 JANUARY 2008 QUEEN ELIZABETH HOSPITAL
(3) Name of child 孩子的姓名	SANCHUN 新尊
(4) Sex 性別	FEMALE 女
(5) Name of mother 母親姓名	HUI TUN YUN 許筠韻
(6) Name of father 父親姓名	HING ZONG CHU 何宗秋
(7) Name, description and address of residence 住址、描述及地址	SANDY HING, 2007 CUU BUTTER PLAT A, 24, HAPPY GARDEN, 8 HAPPY STREET KOWLOON
(8) Date of issue 發出日期	5 JANUARY 2008
(9) Signature of father 父親簽署	SIGNED: LAM YU KEE DISTRICT MAGISTRATE
(10) Name of child 孩子的姓名	*****
(11) Status of permanent resident 永久居民身份	ESTABLISHED

CERTIFIED to be a true copy of an entry in the register of births in Hong Kong on 5th day of JANUARY 2008
經證明此項出生紀錄係出生登記處內一項紀錄的核對副本

Se
JOSEPHINE SING
註冊處主任

Any person who is guilty of an offence under the provisions of the Births and Deaths Registration Ordinance, Chapter 115, Laws of Hong Kong, is liable to a fine of \$5,000.

A 123321

Registration No.

Status

Issued on or after 28.4.2008

BIRTHS AND DEATHS REGISTRY, HONG KONG
香港出生及死亡登記處

CERTIFIED COPY OF AN ENTRY IN A REGISTER OF BIRTHS
KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE
根據出生及死亡條例備妥的出生登記處內一項紀錄的核對副本

(1) Registration No. 出生編號	SL234967
(2) Date and place of birth 出生日期及地點	5 JANUARY 2009 QUEEN ELIZABETH HOSPITAL
(3) Name of child 孩子的姓名	SANCHUN 新尊
(4) Sex 性別	FEMALE 女
(5) Name of mother 母親姓名	HUI TUN YUN 許筠韻
(6) Name of father 父親姓名	HING ZONG CHU 何宗秋
(7) Name, description and address of residence 住址、描述及地址	SANDY HING, 2007 CUU BUTTER PLAT A, 24, HAPPY GARDEN, 8 HAPPY STREET KOWLOON
(8) Date of issue 發出日期	5 JANUARY 2009
(9) Signature of father 父親簽署	SIGNED: LAM YU KEE DISTRICT MAGISTRATE
(10) Name of child 孩子的姓名	*****
(11) Status of permanent resident 永久居民身份	ESTABLISHED

CERTIFIED to be a true copy of an entry in the register of births in Hong Kong on 5th day of JANUARY 2009
經證明此項出生紀錄係出生登記處內一項紀錄的核對副本

Se
JOSEPHINE SING
註冊處主任

Any person who is guilty of an offence under the provisions of the Births and Deaths Registration Ordinance, Chapter 115, Laws of Hong Kong, is liable to a fine of \$5,000.

A 123321

Registration No.

Status

Remarks: -

- For births registered in Hong Kong between 1 July 1997 and 27 April 2008, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is **“Established/Not Established”**.
- For births registered in Hong Kong **on or after 28 April 2008**, item 11 of the Hong Kong Birth Certificate will specify whether the Hong Kong permanent resident status is established under paragraph 2(a), paragraph 2(e) or paragraph 5(3) of Schedule 1 to the Immigration Ordinance, Cap. 115, Laws of Hong Kong.

(2) Samples of Hong Kong Permanent Identity Card

Issued in Hong Kong



Date of Issue

Identity Card No.

Issued Overseas



Date of Issue

Identity Card No.

(正面 Front)



(背面 Back)

(3) Sample of Certificate of Exemption

入境事務處
IMMIGRATION DEPARTMENT
人事登記處
REGISTRATION OF PERSONS OFFICE
香港灣仔告士打道七號
7 GLOUCESTER ROAD, WAN CHAI,
HONG KONG
豁免登記證明書
CERTIFICATE OF EXEMPTION

編號
Serial No. 000000
檔案編號
Reference: RCIX-000000-00(0)
日期
Date: 16 August 2011

*Mr./Ms./Mrs. ()

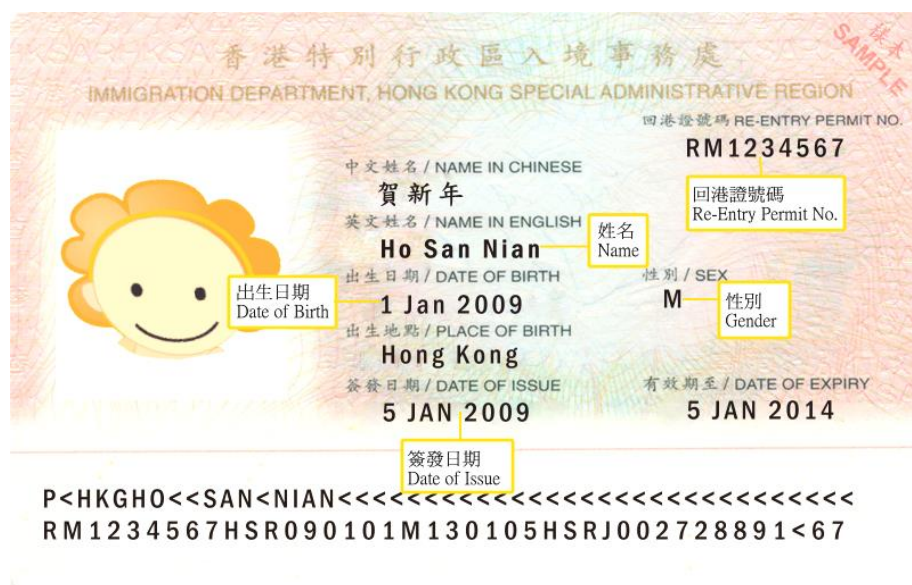
根據人事登記規例第二十五條規定獲准豁免登記。
is exempted from the requirement to register under regulation 25 of the Registration of Persons Regulations.

-SAMPLE-

人事登記處處長 (代行)
for Commissioner of Registration

* Delete where inappropriate
ROP 60 (1/2003)

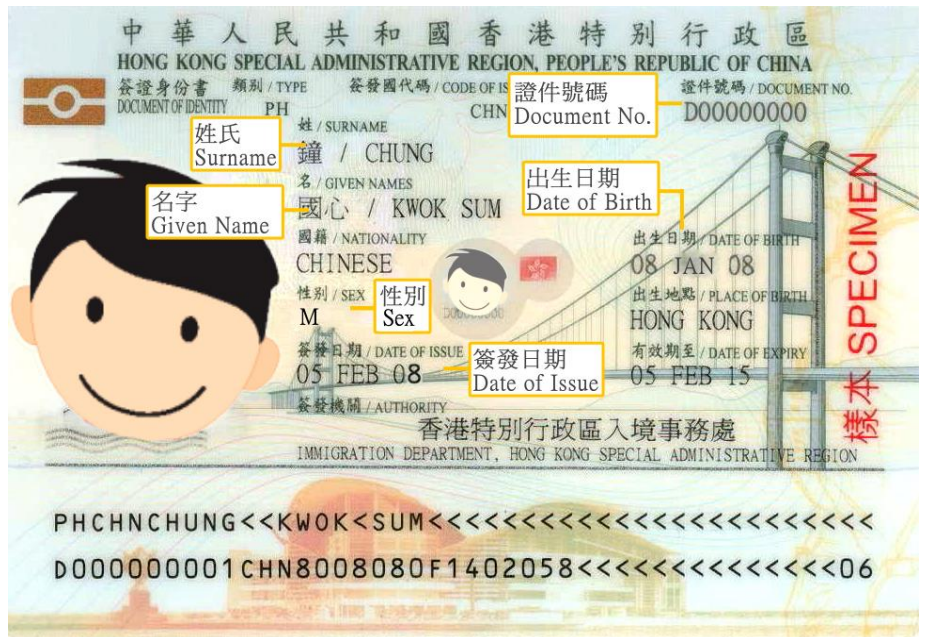
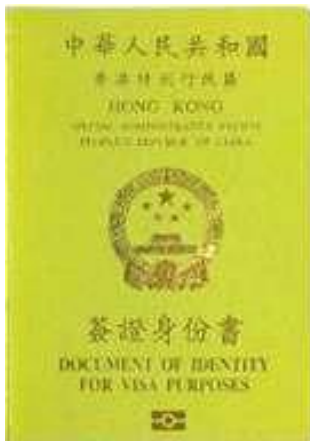
(4) Samples of Re-entry Permit



Remarks: -

- The format of Hong Kong SAR Re-entry Permit's document number is RM1234567 (Multiple Re-entry Permit) or RS1234567 (Single Re-entry Permit). The prefixes "RM" and "RS" are followed by 7 numbers.

(5) Samples of Document of Identity



Remarks: -

- The format of the Document of Identity's document number is either D12345678 (normal size), DJ1234567 or DA1234567 (jumbo size). The prefix of "D" is followed by 8 numbers and the prefixes "DA" and "DJ" are followed by 7 numbers.

(6) **Samples of “Permit to Remain in the HKSAR” (ID235B)**

(i) **Samples of “Permit to Remain in the HKSAR” (ID235B) showing unconditional stay in HKSAR had been granted**

香港特別行政區政府
入境事務處
IMMIGRATION DEPARTMENT
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION

No. A010006
正本—白色
ORIGINAL—WHITE PAPER
副本—黃色
DUPLICATE—YELLOW PAPER

編號 XXXX-XXXXXXX-XX(X)
Reference:

SAMPLE

香港特別行政區居留許可證
Permit to Remain in the Hong Kong Special Administrative Region

兒童姓名
Name of child _____

性別
Sex 女 FEMALE

出生日期及地點
Date and place of birth 二零零八年七月 日 香港 JULY 2008 HONG KONG

出生登記編號
Birth entry number XXXXXXX (X)

父親姓名
Name of father _____

母親姓名
Name of mother _____

香港地址
Address in Hong Kong _____
Robinson Road, Mid-level, Hong Kong

姓名
Name

性別
Sex

出生日期
Date of Birth

出生登記編號
Birth Entry No.

居留期限
Permit to remain until

本證的持有人 [其詳情如上] 獲准在本地居留，
The holder, whose particulars appear above, is permitted to remain in the
惟必須遵守下列條件：
Hong Kong Special Administrative Region on the following conditions: ---

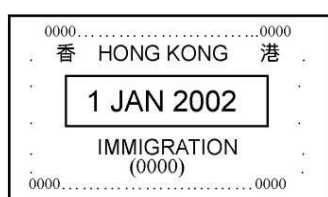
N. E.

31 JUL 2008
IMMIGRATION
XXXXXXXXXX
Immigration Officer's
Authenticating stamp

XXXXXXXXXXXX

Remarks: -

- The Immigration Officer's authenticating stamp has been changed since 23 January 2008, a sample of the old and the new authenticating stamp is illustrated below:



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

- (ii) **Sample of “Permit to Remain in the HKSAR (ID 235B)” showing the holder is permitted to remain in Hong Kong until a specific date or permitted to remain extended until a specific date**

香港特別行政區政府
入境事務處
IMMIGRATION DEPARTMENT
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION

No. A010006
正本—白色
ORIGINAL—WHITE PAPER
副本—黃色
DUPLICATE—YELLOW PAPER

編號 XXXX-XXXXXX-XX(X)
Reference:

香港特別行政區居留許可證
Permit to Remain in the Hong Kong Special Administrative Region

兒童姓名
Name of child _____
性別
Sex _____
出生日期及地點
Date and place of birth _____
出生登記編號
Birth entry number _____

父親姓名 MORRISON, MAN
Name of father _____
母親姓名 MORRISON, MARY
Name of mother _____
香港地址
Address in Hong Kong _____
Garden, Hong Kong

本證的持有人 [其詳情如上] 獲准在本地居留，
The holder, whose particulars appear above, is permitted to remain in the
惟必須遵守下列條件：
Hong Kong Special Administrative Region on the following conditions: ---

Permitted to remain
until 6 MAR 2004

Birth Entry No.

The holder is permitted to remain until a specific date.

XXXXXX

Remarks: -



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

(7) **Samples of Endorsement on a valid travel document**

(i) **Samples of Endorsement on a valid travel document showing “the right to land in Hong Kong”**

The holder of this travel document has the

Right to land in Hong Kong.

(Section 2AAA, Immigration Ordinance,

Cap. 115, Laws of Hong Kong.)

本旅行證件持有人有香港入境權。

(香港法例第115章，入境條例第2AAA條。)

Visa/Reference No		Visa/Reference No	
香港入境事務處 IMMIGRATION HONG KONG ENCN-000 06(8)	D 545762 CAN-P	香港入境事務處 IMMIGRATION HONG KONG ENCN-000 06(8)	D 545761 CAN-P
本旅行證件持有人有香港入境權。 (香港法例第115章，入境條例第2AAA條。) The holder of this travel document has the Right to land in Hong Kong. (Section 2AAA, Immigration Ordinance, Cap. 115, Laws of Hong Kong.)		以往規定的逗留條件現告撤消。 Previous conditions of stay are hereby cancelled. 本旅行證件持有人有香港入境權。 (香港法例第115章，入境條例第2AAA條。) The holder of this travel document has the Right to land in Hong Kong. (Section 2AAA, Immigration Ordinance, Cap. 115, Laws of Hong Kong.)	
免收費用 No Fee	02-08-2006	經已繳費 Fee Paid	02-08-2006

(ii) **Sample of Endorsement on a valid travel document showing “the holder was permitted to land” in Hong Kong**

The holder arrived Hong Kong on (date) and was permitted to land

持證人在 年 月 日抵達香港並獲准無條件入境

香港入境事務處 IMMIGRATION HONG KONG ACRN-10000003-99(C)	B 188997 SGP-P
持證人在 30-12-98 抵達香港 並獲准無條件入境 The holder arrived Hong Kong on 30-12-98 and was permitted to land	Visa/Reference No
免收費用 No Fee	04-01-1999

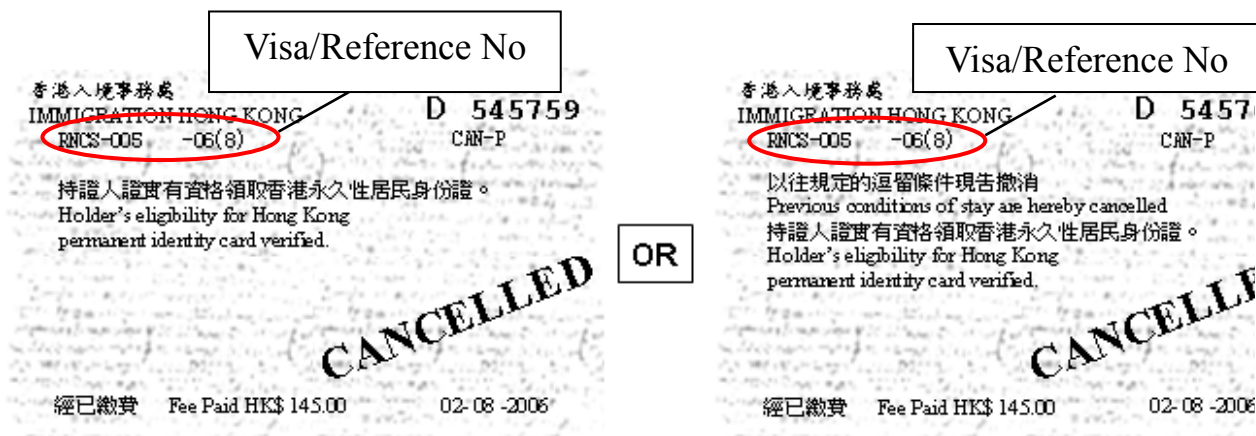
(iii) Sample of Endorsement on a valid travel document showing “previous conditions of stay are hereby cancelled”

Previous conditions of stay are hereby cancelled
以往規定的逗留條件現告撤消



(iv) Sample of Endorsement on a valid travel document showing that the eligibility of HK permanent ID card verified

Holder's eligibility for Hong Kong permanent identity card verified.
持證人證實有資格領取香港永久性居民身份證。



(v) **Sample of Endorsement on a valid travel document showing “Certificate of Entitlement to the right of abode in Hong Kong Special Administrative Region”**

Visa/Reference No

(vi) **Samples Endorsement on the child’s valid travel document showing “unconditional stay in HKSAR had been granted”**

“Unconditional stay in HKSAR had been granted” can be identified by a Hong Kong landing stamp on a person’s valid travel document showing that he/she is permitted to stay with no condition attached (獲准無條件在香港居留), i.e., an arrival stamp without any condition attached on top of the landing endorsement.

Landing Endorsement

Remarks: -



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

(vii) Samples of Endorsement on a valid travel document showing “Permitted to remain until” and “Permitted to remain extended until a specific date”

Endorsement

Landing Stamp

- (i) Permitted to remain until (date)
批准逗留至 年 月 日



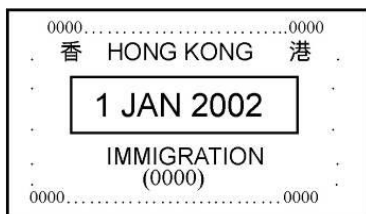
and



- (ii) Permission to remain extended until (date)
獲准逗留期限延至 年 月 日



Remarks:-



(Authenticating stamp
before 23 January 2008)



(Authenticating stamp
on or after 23 January 2008)

(8) Samples of certificate issued by the Births Registry for adopted children

(with their status of permanent resident indicated "Established")

Issued before 25 January 2006

香港特別行政區政府 社會福利署
BIRTHS AND DEATHS REGISTRY
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

香港特別行政區政府登記處 一項登記紀錄的核證副本
CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

項次 No.	姓名 Name	性別 Sex	出生日期及地點 Date and place of birth	領養人姓名及地址 Surname and name, address and occupation of adopter or adopters	領養日期及作出該令的法院名稱 Date of adoption order and description of Court which made the order	登記日期 Date of entry	登記官所委任的核證人員的簽署 Signature of officer deputed by Registrar to attest the entry	永久居民身份 Status of permanent resident
1	張國榮 Cheung Kwok-ong	男 Male	1962年12月16日 16 DECEMBER 1962	張國榮 Cheung Kwok-ong	1962年12月16日 16 DECEMBER 1962	1962年12月16日 16 DECEMBER 1962	張國榮 Cheung Kwok-ong	永久居民 Permanent resident

此證明乃香港特別行政區政府登記處所保存的領養子女登記冊內一項登記紀錄的核證副本。
This certificate is a true copy of an entry in the Adopted Children Register maintained at the General Register Office, the Government of the Hong Kong Special Administrative Region.

香港特別行政區政府登記處 二零零九年二月十五日 蓋章發給。
Given at the GENERAL REGISTER OFFICE, THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION, under the Seal of the said Office, the 15TH day of FEBRUARY, 2009.

副登記官
Deputy Registrar

Issued on or after 25 January 2006

香港特別行政區政府 社會福利署
BIRTHS AND DEATHS REGISTRY
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

香港特別行政區政府登記處 一項登記紀錄的核證副本
CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

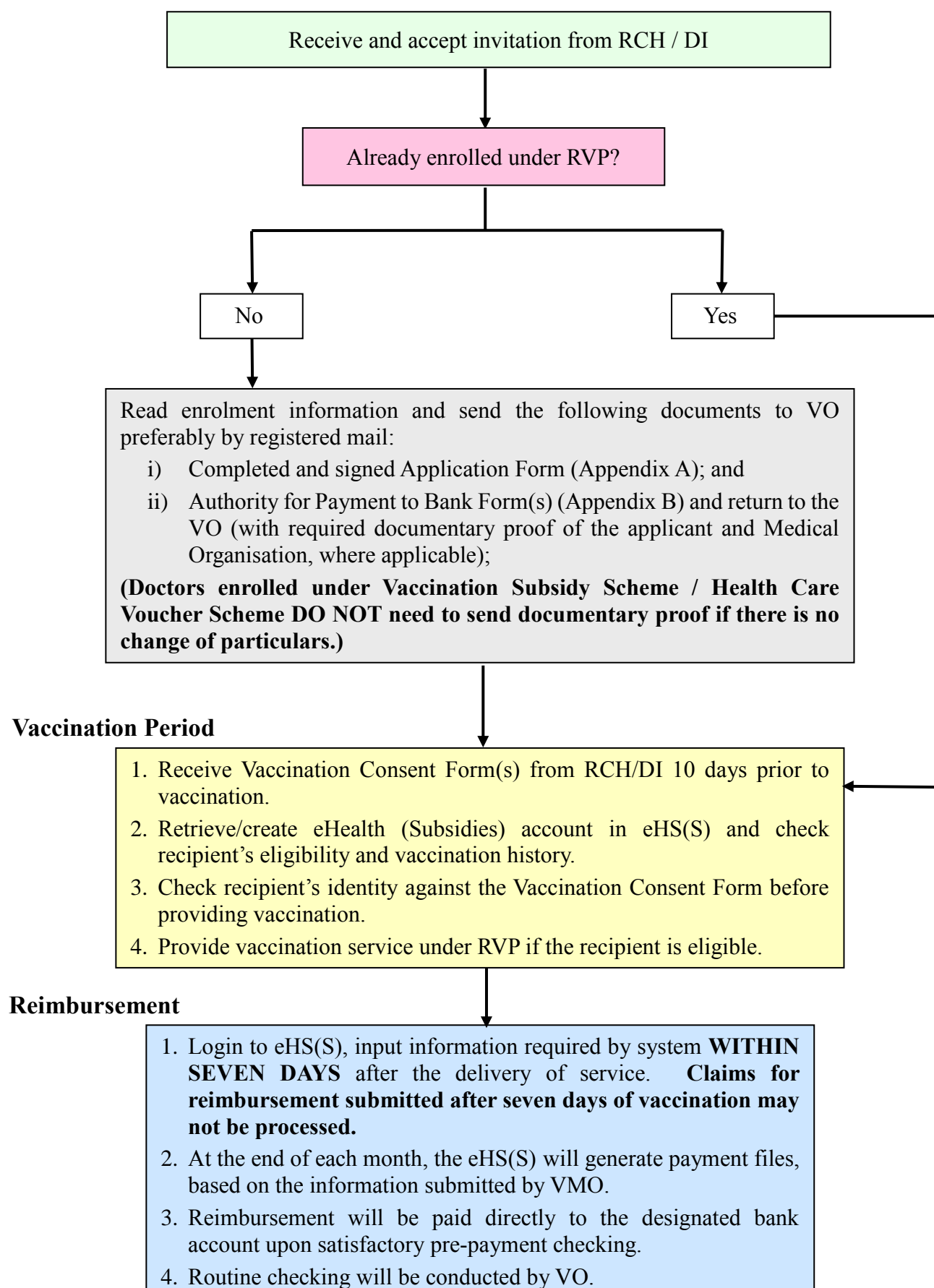
項次 No.	姓名 Name	性別 Sex	出生日期及地點 Date and place of birth	領養人姓名及地址 Surname and name, address and occupation of adopter or adopters	領養日期及作出該令的法院名稱 Date of adoption order and description of Court which made the order	登記日期 Date of entry	登記官所委任的核證人員的簽署 Signature of officer deputed by Registrar to attest the entry	永久居民身份 Status of permanent resident
(1)	張國榮 Cheung Kwok-ong	男 Male	1962年12月16日 16 DECEMBER 1962	張國榮 Cheung Kwok-ong	1962年12月16日 16 DECEMBER 1962	1962年12月16日 16 DECEMBER 1962	張國榮 Cheung Kwok-ong	永久居民 Permanent resident

此證明乃香港特別行政區政府登記處所保存的領養子女登記冊內一項登記紀錄的核證副本。
This certificate is a true copy of an entry in the Adopted Children Register maintained at the General Register Office, the Government of the Hong Kong Special Administrative Region.

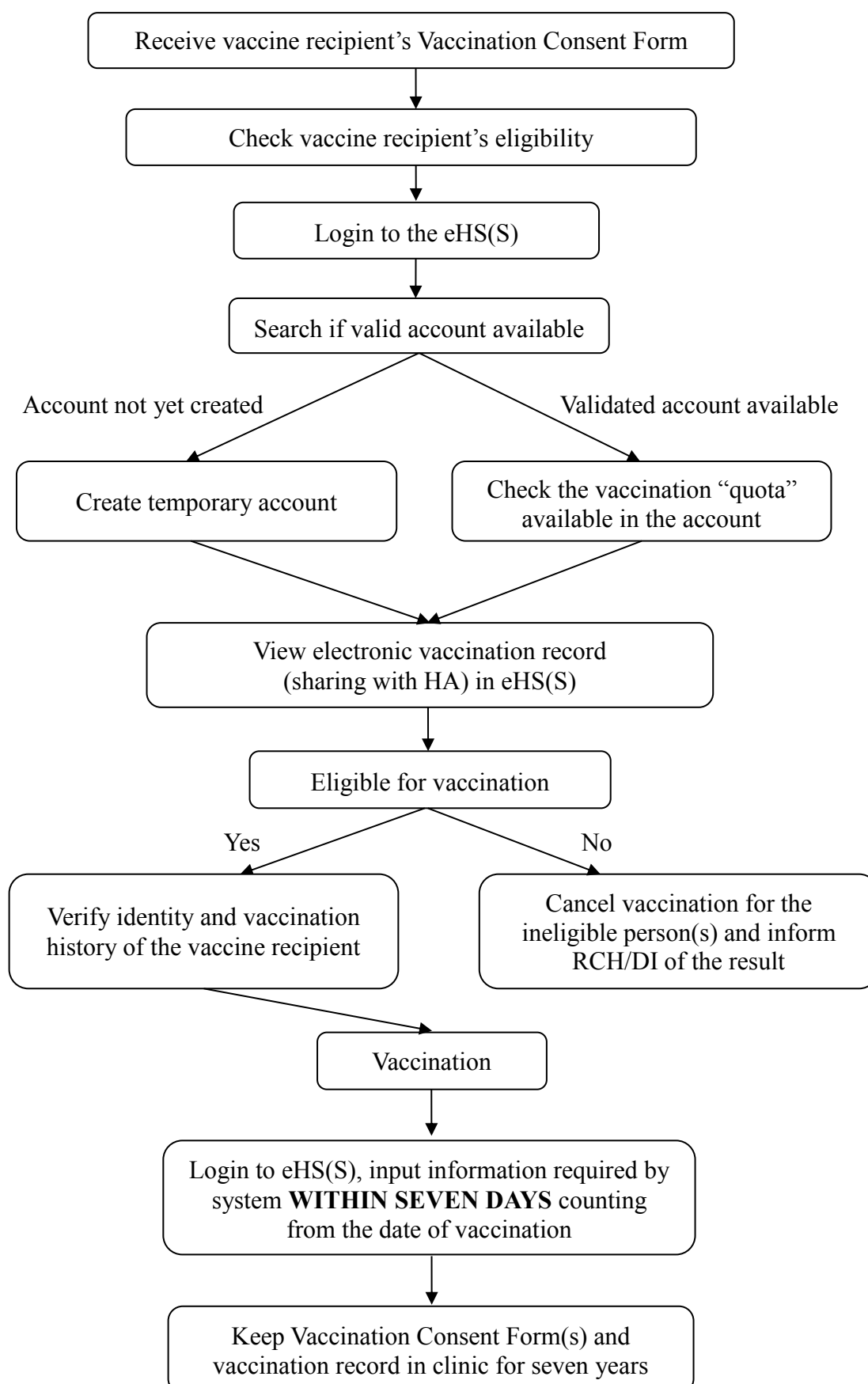
香港特別行政區政府登記處 二零零九年二月十五日 蓋章發給。
Given at the GENERAL REGISTER OFFICE, THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION, under the Seal of the said Office, the 15TH day of FEBRUARY, 2009.

副登記官
Deputy Registrar

Flow chart of key stages in joining and making claims under RVP

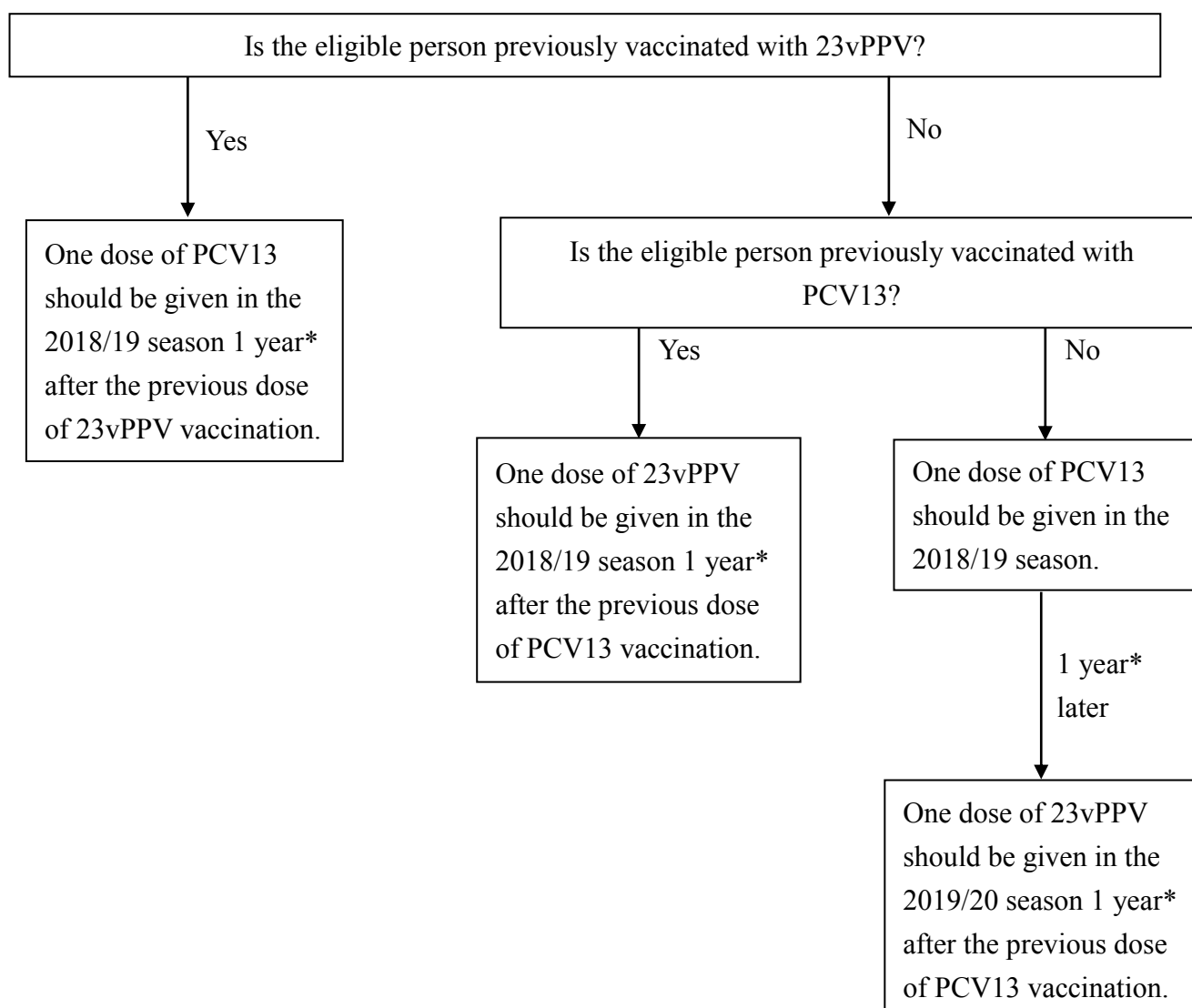


Flow chart of providing vaccination service under RVP



Appendix III

Flow chart illustrating the use of PCV13 and 23vPPV under RVP 2018/19:



- * 1 year is assumed to be one calendar year.
e.g. 1st dose was given on 30/12/2017
2nd dose should be given on or after 30/12/2018

