

衛生署

疫苗資助計劃聲明書

*本人 _____ (姓名)，香港身份證號碼：_____ () / 本人為疫苗接種者的父母 / 監護人 / 受委人 _____ (姓名)，香港身份證號碼：_____ ()
(疫苗接種者的姓名 _____，香港身份證號碼：_____ () (疫苗接種者))

謹此聲明，*本人 / 本人代表疫苗接種者 確認於衛生署疫苗資助計劃下的季節性流感疫苗接種當日，*本人 / 疫苗接種者年齡為18歲至50歲以下人士，及為社會福利署綜合社會保障援助計劃領取標準金額類別為殘疾程度達100%或需要經常護理的受助人。

就簽署此聲明書，*本人 / 本人代表疫苗接種者 亦同意衛生署向社會福利署透露及/或索取有關*本人 / 疫苗接種者的個人資料及記錄。衛生署及/或社會福利署可對他們所儲存的有關個人資料及記錄進行包括但不限於使用個人資料（私隱）條例中所定義的「核對程序」，以核實*本人 / 疫苗接種者是否合資格參加衛生署疫苗資助計劃。

本人明白如本人蓄意或存心在此表中提供錯誤資料，以圖接受衛生署疫苗資助計劃疫苗的接種，此行為乃屬刑事罪行及將有可能被檢控。

*請刪去不適用者

疫苗接種者簽署 (如不會讀寫[△]，請印上指模)： _____
聯絡電話號碼： _____
日期： _____

如疫苗接種者精神上無行為能力或精神狀況不適宜作出聲明，有關人士才須填寫以下資料：

有關人士(例如：父母 / 監護人 / 受委人)簽署： _____
有關人士(例如：父母 / 監護人 / 受委人)姓名： _____
與疫苗接種者的關係： ☐ 父 / 母 ☐ 監護人 ☐ 受委人
聯絡電話號碼： _____
日期： _____

[△] 如疫苗接種者精神上有行為能力但不會讀寫，才須填寫以下資料：

本人見證此聲明書已在疫苗接種者面前朗讀及解釋。

見證人簽署： _____
見證人姓名： _____

香港居民身份證號碼（只要英文字母及首3個數字）：

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			X	X	X	(X)
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聯絡電話號碼： _____
日期： _____

Department of Health Vaccination Subsidy Scheme Declaration

**I, _____ (name), Hong Kong Identity Card number: _____ (), /
I _____ (name), Hong Kong Identity Card number: _____ () am
the parent / guardian / appointee of the person receiving vaccination (name of person receiving
vaccination _____, Hong Kong Identity Card number: _____ () (“recipient”)),
hereby *declare / on behalf of the recipient declare that as at the date of the seasonal influenza vaccination
to be taken by *me / the recipient under the Vaccination Subsidy Scheme, *I am / the recipient is aged
between 18 to under 50 and is in receipt of the standard rate of payment applicable to a person as being
certified 100% disabled or requiring constant attendance under the Comprehensive Social Security
Assistance Scheme as administered by Social Welfare Department.*

By signing this form, **I also consent / I also consent on behalf of the recipient* that the Department of Health may disclose and/or obtain **my / the recipient’s* personal data and records to or from the Social Welfare Department. The Department of Health and/or the Social Welfare Department may conduct including but not limited to a “matching procedure” as defined under the Personnel Data (Privacy) Ordinance between the data as kept by the Department of Health and the data as kept by the Social Welfare Department, for the purpose of verifying **my / the recipient’s* eligibility for the Vaccination Subsidy Scheme.

I understand that it is a criminal offence if I knowingly or wilfully give incorrect information in this form for the purpose of obtaining vaccination under the Vaccination Subsidy Scheme and I may be prosecuted.

**Delete as appropriate.*

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

Complete the following by the parent or guardian or appointee only if the recipient is mentally incapacitated or medically unfit to make a statement

Signature of Parent/Guardian/Appointee: _____
Name of Parent/Guardian/Appointee (in English): _____
Relationship with the recipient: ☐ Father/Mother ☐ Guardian ☐ Appointee
Contact Telephone No.: _____
Date: _____

Complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence.

Signature of Witness: _____
Name of Witness (in English): _____
Hong Kong Identity Card No.:

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			X	X	X	(X)
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(only the alphabet and the first three digits are required)
Contact Telephone No.: _____
Date: _____