

(Please complete and return this Written Agreement to **Programme Management and Vaccination Division (PMVD)**, Centre for Health Protection, Department of Health by fax (Fax No. 2713 9576), by email (covid19_vss@dh.gov.hk) or by post (3/F, Two Harbourfront, 18 – 22 Tak Fung Street, Hung Hom, Kowloon, Hong Kong))

**Written Agreement to Enrol to COVID-19 Vaccination Programme at Clinics
under the Vaccination Subsidy Scheme (VSS)**

Reference is made to the letter from the Director of Health (“DH”) dated 25 January 2021 (“DH’s letter”) giving us an offer (“Offer”) to join the COVID-19 Vaccination Programme at Clinics to be operated on the terms set out in the Appendix L of the documents for the Vaccination Subsidy Scheme (“VSS”) titled “Terms and Conditions of the COVID-19 Vaccination Programme at Clinics” (“Agreement”) and the “Doctors’ Guide for COVID-19 Vaccinations” (“Doctor’s Guide”) in the version from time to time published on the COVID-19 thematic website (<https://www.covidvaccine.gov.hk/zh-HK/>). The up-to-date versions of the Agreement and the Doctor’s Guide are available at (https://www.covidvaccine.gov.hk/pdf/COVID19_VSS_Agreement_T_and_C.pdf) and (https://www.covidvaccine.gov.hk/pdf/VSS_DoctorsGuide.pdf) respectively.

All terms appearing herein have the meanings given to them in the Agreement.

The Registered Medical Practitioner named below and the Medical Organization named below being his Associated Organization (collectively, “we”) are already parties to the Vaccination Subsidy Scheme.

We, each of the undersigned below, hereby confirm our acceptance of the Offer to join the COVID-19 Vaccination Programme at Clinics as EHCP and Associated Organization respectively on the terms set out in the Agreement and the Doctor’s Guide.

In consideration of the Subsidy and the COVID-19 Vaccines to be provided by the Government and to be updated from time to time on the terms set out in the Agreement, we, each of the undersigned below, hereby undertake to comply with and observe all requirements set out in the Agreement and the Doctor’s Guide.

We confirm that the COVID-19 Vaccinations shall be provided at the following clinics below with the Registered Medical Practitioner being nominated as the Medical-In-Charge (“Clinic(s)”):

(A) Particulars of Enrolled Health Care Provider (EHCP) and Medical Organisation	
Name of EHCP	
Service Provider ID (if applicable)	
Name of Medical Organisation	

(B) Details of Clinic(s) that will provide COVID-19 Vaccination (please use separate sheet(s) for additional clinic(s))	
Clinic (1)	
Clinic name (in English)	
Clinic name (in Chinese)	
Clinic address (in English)	
Clinic address (in Chinese)	
Telephone number for making appointment	
*Refrigerator for storing COVID-19 vaccines (please choose one)	One purpose-built vaccine refrigerator / One domestic frost-free refrigerator or stand-alone domestic refrigerator (without freezer compartment), equipped with maximum-minimum thermometer(s) to monitor temperature of vaccines
Clinic (2)	
Clinic name (in English)	
Clinic name (in Chinese)	
Clinic address (in English)	
Clinic address (in Chinese)	
Telephone number for making appointment	

*Refrigerator for storing COVID-19 vaccines (please choose one)	One purpose-built vaccine refrigerator / One domestic frost-free refrigerator or stand-alone domestic refrigerator (without freezer compartment), equipped with maximum-minimum thermometer(s) to monitor temperature of vaccines
Clinic (3)	
Clinic name (in English)	
Clinic name (in Chinese)	
Clinic address (in English)	
Clinic address (in Chinese)	
Telephone number for making appointment	
*Refrigerator for storing COVID-19 vaccines (please choose one)	One purpose-built vaccine refrigerator / One domestic frost-free refrigerator or stand-alone domestic refrigerator (without freezer compartment), equipped with maximum-minimum thermometer(s) to monitor temperature of vaccines
Clinic (4)	
Clinic name (in English)	
Clinic name (in Chinese)	
Clinic address (in English)	
Clinic address (in Chinese)	
Telephone number for making appointment	
*Refrigerator for storing COVID-19 vaccines (please choose one)	One purpose-built vaccine refrigerator / One domestic frost-free refrigerator or stand-alone domestic refrigerator (without freezer compartment), equipped with maximum-minimum thermometer(s) to monitor temperature of vaccines

*Pursuant to Clause 15 of the Agreement regarding the requirement of refrigerator for keeping of the COVID-19 Vaccines. Please indicate the type of refrigerator equipped at each of the Clinic(s) mentioned above in the above table.

Signature of the Registered Medical Practitioner	Authorised Signature For and on behalf of the Medical Organisation
Name of the Registered Medical Practitioner in Block Letters:	Name of the Medical Organisation in Block Letters:
Registration Number with the Medical Council of Hong Kong:	Name of the Authorised Signatory: Title of the Authorised Signatory:
Date:	Date:

Enquiries concerning the enrolment to COVID-19 Vaccination Programme under the VSS should be addressed to:

Executive Officer (Vaccination Subsidy Scheme)
 Programme Management and Vaccination Division, Department of Health
 3/F, Two Harbourfront, 18 – 22 Tak Fung Street, Hung Hom, Kowloon
 Tel. no.: 2125 2299 Fax: 2713 9576 Email: covid19_vss@dh.gov.hk