

To: Programme Management and Vaccination Division (PMVD)
 (Fax: 2713 9576 or e-mail: covid19_vss@dh.gov.hk)

Participation in COVID-19 Vaccination Programme
under the Vaccination Subsidy Scheme (VSS)

Please read the Notes for Attention carefully before completing this form.

<u>(A) Particulars of Enrolled Health Care Provider (EHCP) and Medical Organization</u>	
Name of EHCP	: _____
SPID No.	: _____
Name of Medical Organization	: _____
<u>(B) Practice(s) currently enrolled in the COVID-19 Vaccination Programme under the above Medical Organization (Please use extra sheet for additional practice(s), #circle as appropriate)</u>	
Practice name (in English)	: _____
(in Chinese)	: _____
Practice address (in English)	: _____
(in Chinese)	: _____
COVID-19 Vaccination Programme under the VSS	: #CoronaVac (Sinovac) / BioNTech Scheme
Would you like to continue to provide COVID-19 vaccination?	: #YES / NO
Practice name (in English)	: _____
(in Chinese)	: _____
Practice address (in English)	: _____
(in Chinese)	: _____
COVID-19 Vaccination Programme under the VSS	: #CoronaVac (Sinovac) / BioNTech Scheme
Would you like to continue to provide COVID-19 vaccination?	: #YES / NO

Practice name (in English) :	
(in Chinese)	
:	
Practice address (in English)	
:	
(in Chinese)	
:	
COVID-19 Vaccination Programme under the VSS :	#CoronaVac (Sinovac) / BioNTech Scheme
Would you like to continue to provide COVID-19 vaccination? :	#YES / NO

Practice name (in English) :	
(in Chinese)	
:	
Practice address (in English)	
:	
(in Chinese)	
:	
COVID-19 Vaccination Programme under the VSS :	#CoronaVac (Sinovac) / BioNTech Scheme
Would you like to continue to provide COVID-19 vaccination? :	#YES / NO

Signature of EHCP

Official Stamp and Authorized Signature
For and on behalf of the Medical Organization

Name in Block Letters

Name in Block Letters

Date : _____

Date: _____

Notes for Attention

1. This form is used for collection of updated information on the enrolled EHCP's future participation in the COVID-19 Vaccination Programme under the Vaccination Subsidy Scheme (VSS) and administration and monitoring of enrolled EHCP's participation in the COVID-19 Vaccination Programme.
2. For enrolled EHCPs who indicate that he/she wish to continue to participate in the COVID-19 Vaccination Programme, his/her name (and his/her Associated Organisation(s)), practice address and phone number will continue to be displayed in the List of Enrolled Healthcare Service Providers at the website of the Centre for Health Protection at <https://apps.hcv.gov.hk/public/en/SPS/Search>. EHCP who indicates he/she WILL NOT continue to provide COVID-19 Vaccination will be deemed to be withdrawing from the COVID-19 Vaccination Programme and his/her name (and his/her Associated Organisation(s)), practice address and phone number will no longer be displayed in the named List.
3. Enrolled EHCPs under this COVID-19 Vaccination Programme are required to comply with the Terms and Conditions of the Agreement for VSS, as well as the requirements in the Doctors' Guide for COVID-19 Vaccination Programme, which will be updated from time to time in the website of the Centre for Health Protection. Information related to COVID-19 Vaccination could be found at <https://www.coronavirus.gov.hk/eng/covid-vaccine.html>.
4. 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