

## **VSS 2025/26 Doctors' Guide – Reference**

### **Appendix A - Consent Form and Types of Identity Documents Accepted under Vaccination Subsidy Scheme**

Appendix A0	Guide to Complete Consent Form
Appendix A1	Hong Kong Birth Certificate (Established)
Appendix A2	Smart Hong Kong Identity Card
Appendix A3	Hong Kong SAR Re-entry Permit
Appendix A4	Document of Identity for Visa Purposes
Appendix A5	Travel document with endorsement or relevant landing slip (if applicable)
Appendix A6	Permit of Remain in the HKSAR (ID235B)
Appendix A7	Certificate issued by the Births Registry for Adopted Children
Appendix A8	Certificate of Exemption

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## **Appendix A0**

**(a) For all Scheme Participants**

Part I 【Vaccination Information】	
第一部分 【接種疫苗資料】	
To be filled in by Private Doctor providing the vaccination 以下資料只由提供疫苗接種的醫生填寫	
<b>Seasonal Influenza Vaccination 季節性流感疫苗</b>	
<input type="checkbox"/> Inactivated Influenza Vaccine (Injectable) 滅活疫苗 (注射式)	For ALL persons aged 9 or above 9 歲或以上人士： <input type="checkbox"/> The only dose for this season 本季度唯一一劑
<input type="checkbox"/> Recombinant Influenza Vaccine (Injectable) 重組疫苗 (注射式)	For children under the age of 9 who have received Seasonal Influenza Vaccination in previous seasons 9 歲以下兒童並曾於過往季度接種過一劑或以上季節性流感疫苗： <input type="checkbox"/> The only dose for this season 本季度唯一一劑
<input type="checkbox"/> Live Attenuated Influenza Vaccine (Nasal Spray) 減活疫苗 (噴鼻式)	For children under the age of 9 who have NEVER received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children) 9 歲以下兒童並從未於過往季度接種過季節性流感疫苗： <input type="checkbox"/> The first dose for this season 本季度第一劑 <input type="checkbox"/> The second dose for this season 本季度第二劑
<b>Pneumococcal Vaccination 肺炎球菌疫苗</b>	
<input type="checkbox"/> 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) 23 價肺炎球菌多醣疫苗 (23 價疫苗)	Elderly aged 65 or above (a) <u>without</u> high-risk conditions#, and has never received 23vPPV and PCV13 or PCV15 vaccinations before, or (b) <u>with</u> high-risk conditions# and has never received 23vPPV vaccination before but has received PCV13 or PCV15 at least one year prior to the proposed 23vPPV vaccination is entitled to receive one dose of 23vPPV with subsidy. 65 歲或以上長者(a) <u>沒有</u> 高風險情況#而未曾接種 23 價及 13 價或 15 價疫苗, 或(b) <u>有</u> 高風險情況#且從未接種過 23 價疫苗但已於至少一年前接種一劑 13 價或 15 價疫苗, 可獲資助接種一劑 23 價疫苗。
<input checked="" type="checkbox"/> 15-valent Pneumococcal Conjugate Vaccine (PCV15) 15 價肺炎球菌結合疫苗 (15 價疫苗)	Elderly aged 65 or above <u>with</u> high-risk conditions# is entitled to receive subsidy for 1 dose of PCV15 if (a) he or she has never received PCV13 or PCV15 and 23vPPV vaccinations before or (b) he or she has never received PCV13 or PCV15 vaccination but has received 23vPPV at least one year prior to the proposed PCV15 vaccination. 有高风险情况#的 65 歲或以上長者若(a) 未曾接種 23 價及 13 價或 15 價疫苗, 或(b) 從未接種過 13 價或 15 價疫苗但已於至少一年前接種一劑 23 價疫苗, 可獲資助接種一劑 15 價疫苗。
The interval between 23vPPV and PCV13 or PCV15 must be at least one year. 接種 23 價及 13 價或 15 價疫苗必須最少相隔一年。	

Only without known contraindications persons who are aged 18 years or above shall receive RIV (Injectable).

Only non-immunocompromised persons who are aged 2 – 49 shall receive LAIV (Nasal Spray).

Please ensure the correct vaccine preparation and correct dose order is indicated.

For children receiving **only dose**, please select “**Only dose**” or “**2nd dose**” when submitting reimbursement claims to prevent double dose of vaccination. **DO NOT** choose “**1st dose**” in such case.

**Part II 【Vaccine Recipient Information】**  
**第二部分 【疫苗接種者資料】**

**1. VACCINE RECIPIENT INFORMATION 疫苗接種者資料**  
 Vaccine recipient's Full Name (as indicated on identity document) 疫苗接種者姓名 (請依照身份證明文件填寫)  
 Surname LJO 姓 [中文]: 勞  
 First Name YIAN KAI 名 [中文]: 仁家  
 Date of Birth 出生日期: 011 DD/ 011 MM/ 1954 YYYY Sex 性別: ☒ Male 男 ☐ Female 女

**2. IDENTITY DOCUMENT 身份證明文件**  
 Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.  
 註: 十二歲或以上人士只接受香港身份證或豁免登記證明書。  
☒ Hong Kong Identity Card No. 香港身份證號碼: 1A112131415161 (7)  
 Date of Issue 簽發日期: 012 DD/ 015 MM/ 23 YY HKIC Symbol 身份證符號標記: ☒ A ☐ C ☐ R ☐ U ☐ Others  
☐ Serial No. of the Certificate of Exemption 豁免登記證明書編號: \_\_\_\_\_  
 Reference No. 檔案編號: \_\_\_\_\_  
 HKID No. shown on the Certificate 豁免登記證明書編號上的香港身份證號碼: 11 111111 (1)  
 Date of Issue 簽發日期: 11 DD/ 11 MM/ 11 YY

☐ Hong Kong Birth Certificate Registration No. 香港出生證明書登記號碼: 11111111111111111111 (11)  
☐ Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS") 香港特別行政區回港證號碼 (以"RM"或"RS"開首): 1R1111111111 Date of Issue 簽發日期: 11 DD/ 11 MM/ 11 YY

**Vaccine recipients aged 12 years or above** should register with their **Hong Kong Identity Card**.

Vaccine recipients aged **below 12 years** can register with any of identity document types as shown.

Please check and verify that all particulars are consistent with those shown on the identity document.

HKIC Symbol  
(First alphabet  
below date of  
birth)

HKIC  
Date of Issue

Please note the following when completing Hong Kong Identity Card (HKIC) particulars:



HKIC  
Number

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☐ HKSAR Document of Identity No. (Beginning with "D") 香港特別行政區簽證身份書證件號碼 (以"D"開首) :  
 [ D ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date of Issue 簽發日期 : [ ] [ ] DD / [ ] [ ] MM / [ ] [ ] YY

☐ Permit to Remain in HKSAR (ID 235B) - Birth Entry No. 香港居留期許可證 (ID 235B) 出生登記編號 :  
 [ ] [ ] [ ] [ ] [ ] [ ] ( ) Permitted to remain until 獲准逗留至 : [ ] [ ] DD / [ ] [ ] MM / [ ] [ ] YY  
 Please also provide Hong Kong Birth Certificate Registration No. for eHealth registration  
 請提供香港出生證明書登記號碼用作登記醫健通 : [ ] [ ] [ ] [ ] [ ] [ ] ( )

☐ Non-Hong Kong Travel Documents No. (e.g. Foreign passports) 非香港旅遊證件號碼 (例如：外地簽發的護照) :

HKSAR Visa / Reference No. 香港入境處簽證 / 參考編號 : [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] ( )

☐ Certificate issued by the Births Registry for adopted children – No. of Entry  
 生死登記處發出被領養兒童的領養證明書記項編號 : [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Vaccine recipients aged **below 12 years** can register with any one of identity document types as shown.

Please check and verify that all particulars are consistent with those shown on the identity document.

### 3. ELIGIBILITY STATEMENT 資格聲明

Seasonal Influenza Vaccination 季節性流感疫苗	
<b>Children and adolescents aged between 6 months and 18 years old (not including 18 years itself)</b> <b>年齡介乎 6 個月至未滿 18 歲的兒童及青少年</b>	
<input type="checkbox"/> <b>My child / ward * is between the age of 6 months and 18 years old (not including 18 years itself) in the calendar year when the Vaccination is given</b> OR is still a student of a secondary school registered under the Education Ordinance (Cap 279 of the Laws of Hong Kong) in the school year when the Vaccination is given. <i>(For the latter, please provide a copy of student handbook/ card)</i> <b>本人子女／受監護者 * 年齡介乎 6 個月至未滿 18 歲 或 在接種疫苗的學年仍是《教育條例》(第 279 章)註冊的中學的學生 (如屬後者, 請提供學生手冊或學生證副本)</b>	
<b>Other categories 其他類別</b>	
<input type="checkbox"/> <b>I am pregnant at the time of Vaccination</b> <b>本人正在懷孕</b>	<b>Confirmation of pregnancy by the Private Doctor:</b> <b>醫生確認懷孕：</b> _____ <div style="text-align: right;">(Private Doctor's Signature 醫生簽署確認)</div>
<input type="checkbox"/> <b>My child / ward * is a person aged 6 months or above with intellectual disability holding:</b> <b>本人 6 個月或以上的子女／受監護者 * 乃智障人士並持有：</b>	
<input type="checkbox"/> The "Registration Card for People with Disabilities" with indication of "Intellectual Disability" or "Mentally Retarded": <b>殘疾人士登記證 (註明「智障」或「弱智」)：</b> <input type="checkbox"/> physical card 實體卡 <input type="checkbox"/> electronic version^ 電子版本^ ^Confirmation of possession of the Registration Card (electronic version) by the Private Doctor: ^醫生已查核電子版本殘疾人士登記證： _____ <div style="text-align: right;">(Private Doctor's Signature 醫生簽署確認)</div>	
<input type="checkbox"/> A certificate issued by a Registered Medical Practitioner that my child / ward * is eligible for subsidised Vaccination <b>由註冊醫生發出的醫生證明書以證明本人子女／受監護者 * 有資格接受資助接種疫苗</b>	
<input type="checkbox"/> A certificate issued by the person-in-charge of a designated institution serving persons with intellectual disability that my child / ward is a user of the institution <b>由指定的智障人士服務機構負責人所簽發的證明書</b>	
<i>(Please provide a copy of the aforesaid document except the electronic version of Registration Card for People with Disability)</i> <b>(請提供前述證明文件副本, 電子版本殘疾人士登記證除外)</b>	
<input type="checkbox"/> <b>I am / My child is / My ward is * 本人 / 本人子女 / 受監護者 * 為：</b>	
<input type="checkbox"/> A recipient of the Social Welfare Department's Disability Allowance 領取社會福利署傷殘津貼人士 <i>(Please provide a copy of the disability allowance approval letter issued by the Social Welfare Department of the Government 請提供社會福利署發出的傷殘津貼批准信副本)</i>	
<input type="checkbox"/> A recipient of standard rate of "100% disabled" or "requiring constant attendance" under the "Comprehensive Social Security Assistance" ("CSSA") Scheme of the Social Welfare Department and is aged 18 to under 50 <b>領取社會福利署綜援計劃標準金額類別為「殘疾程度達100%」或「需要經常護理」的人士並為18歲至50歲</b> <i>(Please provide a copy of documentary proof and sign a self-declaration form provided by the Private Doctor 請提供證明文件副本及簽署由私家醫生提供的聲明書)</i>	

1. Please check if the correct Eligibility Statement is chosen.
2. Private Doctor should sign to confirm if the vaccine recipient is pregnant.

Private Doctor should sign to confirm if the electronic version of the “Registration Card for People with Disabilities” with indication of “Intellectual Disability” or “Mentally Retarded” is presented.



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☐ I am aged 18 to under 50, and is certified by the Private Doctor as a person with any of the following specified chronic medical conditions#: 本人年齡為18至50歲以下，並為經醫生確認為有以下任何一種長期健康問題#：

Confirmation of specified chronic medical conditions below by the Private Doctor 醫生確認有以下長期健康問題

(Please also put a "✓" in the box concerned) (請在適當位置加上 "✓" 號) #:

(Private Doctor's Signature 醫生簽署確認)

% Specified chronic medical conditions comprise 長期健康問題包括：

- ☐ Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases; 長期心血管疾病（高血壓而沒有併發症除外）、肺病、肝病或腎病；
- ☐ Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above); 新陳代謝疾病包括糖尿病或肥胖（體重指數30或以上）；
- ☐ Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment; and 免疫力弱因情況如無脾、人類免疫力缺乏病毒感染／愛滋病或癌症／類固醇治療引致；及
- ☐ Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves. 長期神經系統疾病致危及呼吸功能、難於處理呼吸道分泌物、增加異物入肺風險或缺自我照顧能力。

Remarks: 備註: \_\_\_\_\_

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Persons aged 50 years and above 50歲或以上人士

☐ I am aged 50 and above 本人年齡為50歲或以上人士

**Pneumococcal Vaccination 肺炎球菌疫苗**

☒ I am at the age of 65 or above 本人年齡為65歲或以上

☒ For Pneumococcal Vaccination, certified by the Private Doctor as an elderly person with any of the following high-risk conditions#: 在肺炎球菌疫苗接種計劃，經醫生確認為有以下任何一種高風險情況的長者#：

Confirmation of high-risk conditions by the Private Doctor # 醫生確認有高風險情況#

(Private Doctor's Signature 醫生簽署確認) *C.H. AM*

#For Pneumococcal Vaccination, high-risk conditions include: 在肺炎球菌疫苗接種計劃，高風險情況包括：

- History of invasive pneumococcal disease, cerebrospinal fluid leakage or use of cochlear implant; 曾患侵入性肺炎球菌病、腦脊液滲漏或裝有人工耳蝸；
- Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases; 長期心血管疾病（高血壓而沒有併發症除外）、肺病、肝病或腎病；
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above); 新陳代謝疾病包括糖尿病或肥胖（體重指數30或以上）；
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment; and 免疫力弱因情況如無脾、人類免疫力缺乏病毒感染／愛滋病或癌症／類固醇治療引致；及
- Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves. 長期神經系統疾病致危及呼吸功能、難於處理呼吸道分泌物、增加異物入肺風險或缺自我照顧能力。

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**4. eHealth REGISTRATION 登記醫健通**

☐ Vaccine recipient has already registered eHealth. 疫苗接種者已登記醫健通。

☒ Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part IV) 疫苗接種者未登記或不確定是否已登記醫健通。（請填寫第四部份）

1. Private Doctor should sign to confirm if the vaccine recipient is with specified chronic medical conditions.
2. Private Doctor should select the specified chronic medical conditions in the box concerned, and with remarks if applicable.

Private Doctor should sign to confirm the PCV15 vaccine recipient has high-risk conditions.

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Vaccine recipients are required to fill in **Part IV** if:

- he/she has not registered or is unsure of his/her eHealth registration status; **AND**
- he/she does not give electronic consent to register eHealth via the system.

Electronic Consent to Register eHealth via the system is applicable to:

- ✓ Vaccine recipients aged 16 years or above: Electronic Consent to be given by the recipients themselves; OR
- ✓ Vaccine recipients aged under 16 years, or aged 16 years or above but incapable of giving consent: Electronic Consent to be given by their Substitute Decision Maker (SDM) on site.

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Part III 【Consent】 第三部分【同意書】	
<input checked="" type="checkbox"/> <b>CONSENT 同意</b> I have read / been informed and fully understood my obligation and liability under this consent form (including the Undertakings and Declarations) and the Statement of Purpose of Collection of Personal Data, and <b>AGREE</b> for myself/ my child/ ward* to receive the Seasonal Influenza Vaccine/ Pneumococcal Vaccine. 本人已閱讀及完全理解此同意書中疫苗接種者的義務和責任及收集個人資料目的，及 <b>同意</b> 本人/本大子女/受監護者* 接種季節性流感疫苗/肺炎球菌疫苗。	
Signature of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/父母/監護人*簽署： (or finger print if illiterate@): (如不會讀寫@，請印上指模)	Relationship with Vaccine Recipient 與疫苗接種者關係： (If applicable 如適用) <input type="checkbox"/> Father 父 <input type="checkbox"/> Mother 母 <input type="checkbox"/> Guardian 監護人
Name of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/父母/監護人*姓名：	Contact Telephone No.: 聯絡電話號碼：
Date of Signature: 簽署日期：	
@Witness shall complete the following if the vaccine recipient has mental capacity but is illiterate: @如疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料： This document has been read and explained to the vaccine recipient in my presence. 本人見證此同意書已在疫苗接種者面前朗讀及解釋。	
Signature of Witness: 見證人簽署：	Name of Witness: 見證人姓名：
Hong Kong Identity Card No. 香港身份證號碼： (only the alphabet and the first three digits are required) (只要英文字母及首3個數字)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (X) (X) (X) (X)
Contact Telephone No.: 聯絡電話號碼：	Date of Signature: 簽署日期：

Please note the signature requirement:

1. Normally, **vaccine recipient/ parents/ guardian** should complete **Part A** and sign;
2. If the vaccine recipient is **illiterate@**, he/she should put **his/her fingerprint in Part A**. A **3<sup>rd</sup> party witness** (e.g. clinic staff / vaccine recipient's guardian, except the doctor) should complete **Part B** and sign;
3. Consent Forms should be **completed BEFORE vaccination**. All signature dates should not be later than the vaccination date.

Part IV 【Consent to Register eHealth】 第四部分【登記醫健通同意書】		
The following part is applicable to a person who has not registered with eHealth, or is unsure of his or her eHealth registration status 未登記醫健通人士，或不確定是否已登記醫健通人士，請填寫下列部分 eHealth registration is a prerequisite for all vaccine recipients aged 18 or above 所有18歲或以上的疫苗接種者必須登記醫健通 To be completed and signed by vaccine recipient aged 18 or above 由18歲或以上疫苗接種者填寫及簽署		
<input checked="" type="checkbox"/> I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I <b>AGREE</b> to register with eHealth, which enables authorized healthcare providers to obtain and share my eHealth records for healthcare purposes. 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <b>同意</b> 本人登記參加醫健通，讓獲授權的醫護機構取閱及互通醫健通接受者於醫健通的紀錄作醫護用途。		
Signature of Vaccine Recipient: 疫苗接種者簽署：	Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9): 手提電話號碼以收取系統通知 (號碼以4/ 5/ 6/ 7/ 8/ 9開頭):	Date of Signature: 簽署日期：
To be completed and signed by vaccine recipient <b>between the age of 16 and less than 18 years</b> 由年齡介乎16至未滿18歲疫苗接種者填寫及簽署		
<input type="checkbox"/> I agree 同意 I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I <b>AGREE</b> to register with eHealth, which enables authorized healthcare providers to obtain and share my eHealth records for healthcare purposes.		

Vaccine recipients **aged 18 or above** who

- have not registered or are unsure of his/ her eHealth registration status; OR
  - does not give electronic consent to register eHealth via the system,
- are required to complete this part for agreement to register with eHealth.

Vaccine recipients **between the age of 16 and less than 18 years** who

- have not registered or are unsure of his/ her eHealth registration status; OR
  - does not give electronic consent to register eHealth via the system,
- are required to complete this part for agreement to register with eHealth.

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本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及「同意」本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

☐ I disagree 不同意  
I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I **DISAGREE** to register with eHealth.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及「不同意」本人登記參加醫健通。

Signature of Vaccine Recipient: 疫苗接種者簽署：	Mobile Number for receiving system notifications: (with prefix 4/ 5/ 6/ 7/ 8/ 9): 手提電話號碼以收取系統通知 (號碼以 4/ 5/ 6/ 7/ 8/ 9 開頭)：	Date of Signature: 簽署日期：
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Vaccine recipients **between the age of 16 and less than 18 years** who

- have not registered or are unsure of his/ her eHealth registration status; OR
  - does not give electronic consent to register eHealth via the system,
- are required to complete this part for agreement to register with eHealth.

To be completed and signed by the Substitute Decision Maker (e.g. parent or guardian)  
(Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)  
由代決人（例如家長或監護人）填寫及簽署（只適用於十六歲以下兒童，或十六歲或以上但無能力自行給予同意的人士。所有18歲或以上的疫苗接種者必須登記醫健通，否則不符合資格接種疫苗。）

☐ I agree 同意  
I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share the HCR's eHealth records for healthcare purposes.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者「同意」登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

☐ I disagree 不同意  
I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) **DISAGREE** to register with eHealth.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者「不同意」登記參加醫健通。

Substitute Decision Maker's Surname in English: 代決人英文姓氏：	Substitute Decision Maker's First Name in English: 代決人英文名：	Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9): 代決人手提電話號碼（號碼以 4/ 5/ 6/ 7/ 8/ 9 開頭）：
Substitute Decision Maker's HK Identity Card No.: 代決人香港身份證號碼：	For non HK Identity Card holder, please fill in information of other identity document 如非香港身份證持有人，請填寫其他身份證明文件資料	
	Document Type: 證明文件類別：	Document No.: 證件號碼：
Relationship with Vaccine Recipient: 與疫苗接種者關係：		
<input type="checkbox"/> Vaccine recipient aged under 16 疫苗接種者為十六歲以下兒童 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * 家長/ 家人/ 同住人士/ 根據《未成年人監護條例》委任的監護人/ 獲法院委任的人*		
<input type="checkbox"/> Vaccine recipient aged 16 or above but incapable of giving consent 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court * 家人/ 同住人士/ 根據《精神健康條例》委任的監護人/ 社會福利署署長或根據《精神健康條例》委任的監護人/ 獲法院委任的人*		
Signature of Substitute Decision Maker: 代決人簽署：		Date of Signature: 簽署日期：

This part is required to be completed and signed **by the Substitute Decision Maker (e.g. parent or guardian)** for Vaccine recipients **aged under 16, or aged 16 or above but incapable of giving consent** who

- have not registered or are unsure of his/ her eHealth registration status; OR
- does not give electronic consent to register eHealth via the system,

for agreement to register with eHealth.

(eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)

## VSS 2025/26 Doctors' Guide – Reference

Part V – To be filled in by Private Doctor providing the vaccination 第五部分 – 以下資料只由提供疫苗接種的醫生填寫	
<input checked="" type="checkbox"/> Vaccination was provided to the vaccine recipient 已為疫苗接種者接種疫苗	
Name of Private Doctor 醫生姓名：	陳依生
Private Doctor's Signature 醫生簽署確認：	<i>CHAN</i>
Date of Vaccination 接種日期：	05/10/2025
Place of Vaccination 接種疫苗地點名稱：	陳依生醫務所
Transaction No. 交易號碼： (One transaction number only 只可填寫一個交易號碼)	TG19999 - 99999 -9

DH\_VSS (09/2025)

1. Name of Private Doctor, Place of Vaccination and Date of Vaccination should be accurate and **consistent with IT Platform record**.
2. Private Doctors should submit reimbursement claims **WITHIN 7 DAYS AFTER vaccination**.
3. If the vaccination took place at non-clinic settings, doctors should choose the appropriate non-clinic practice on IT Platform.
4. Each Consent Form should only carry 1 transaction number. If the vaccine recipient received 2 vaccinations under 2 transactions, 2 Consent Forms should be completed.



**Appendix A1****Sample of Hong Kong Birth Certificate (香港出生證明書)**

(indicating that the holder's Hong Kong permanent resident status as "Established")

香港出生登記處  
BIRTHS AND DEATHS REGISTRY, HONG KONG

香港出生登記處向香港出生登記處向一經註冊的醫療人員  
CERTIFIED COPY OF AN ENTRY IN A REGISTER OF BIRTHS  
KEPT IN TERMS OF THE BIRTHS AND DEATHS REGISTRATION ORDINANCE

(1)	註冊號碼 Registration No.	S1234567
(2)	出生日期及地點 Date and place of birth	二零零九年一月二日 2 JANUARY 2009 伊利沙伯醫院 QUEEN ELIZABETH HOSPITAL
(3)	名字 (英文) Name (Eng)	新怡 SAN CAREN
(4)	性別 Sex	女 FEMALE
(5)	母親姓名 Mother's name (as listed)	黃麗雲 HO, LIN YUN
(6)	母親的姓名及地址 Mother's name and address (as listed)	陳中軒 CHUNG, PING CYU
(7)	申報人姓名 Name of declarant	新怡 (黃中軒) SAN CAREN (HO, PING CYU)
(8)	申報日期 Date of declaration	二零零九年一月五日 5 JANUARY 2009
(9)	申報地點 Place of declaration	新怡 (黃中軒) SAN CAREN (HO, PING CYU) 新怡 (黃中軒) DISTRICT HOSPITAL
(10)	備註 (如出生後已遷居) Remarks (if applicable)	
(11)	註明此證明書係根據香港出生登記處向一經註冊的醫療人員 This certificate is issued in accordance with the provisions of the Births and Deaths Registration Ordinance, Cap. 115	確定 ESTABLISHED Immigration (Part 1 of Schedule 1 to Immigration Ordinance, Cap. 115)

註冊官  
JONG TANK SING  
註冊官  
JONG TANK SING  
A 123321

**Remarks:**

- 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.
- The letter "S" is used as the prefix of the registration number for births registered from April 2005 to present.



### (a) Samples of Smart Hong Kong Identity Card

*Issued on or after 26 November 2018*

#### Permanent Identity Card

(i) For persons of the age of 18 or over



(Front)



(Back)

(ii) For persons of the age of 11 to 17



(Front)



(Back)

(iii) For persons under the age of 11



(Front)



(Back)



## VSS 2025/26 Doctors' Guide – Reference

### Identity Card

(i) For persons of the age of 18 or above



(Front)



(Back)

(ii) For persons of the age of 11 to 17



(Front)



(Back)

## VSS 2025/26 Doctors' Guide – Reference

### Overseas Permanent Identity Card

(i) For persons residing overseas and of the age of 11 or above



(Front)



(Back)

(ii) For persons residing overseas who are under the age of 11



(Front)



(Back)

### Braille-printed Identity Card



(Back of the braille-printed identity card)



## VSS 2025/26 Doctors' Guide – Reference

### (b) Samples of Old Form of Smart Hong Kong Identity Card (香港身份證)

*Issued between 23 June 2003 and 25 November 2018 and became invalid in two phases in 2025.*

1. *Phase I of the invalidation exercise covering holders of old ID cards born in 1970 or after, whose old cards became invalid on 12 May 2025.*
2. *Phase II of the invalidation exercise covering holders of old ID cards born in 1969 or before, whose old cards became invalid on 12 October 2025.*

### Permanent Identity Card

#### (i) For persons of the age of 18 or above



(Front)



(Back)

#### (ii) For persons of the age of 11 to 17



(Front)



(Back)

#### (iii) For persons under the age of 11



(Front)



(Back)



## VSS 2025/26 Doctors' Guide – Reference

### Identity Card

(i) For persons of the age of 18 or above



(Front)



(Back)

(ii) For persons of the age of 11 to 17



(Front)



(Back)

## VSS 2025/26 Doctors' Guide – Reference

### Overseas Permanent Identity Card

(i) For persons residing overseas and of the age of 11 or above



(Front)



(Back)

(ii) For persons residing overseas who are under the age of 11



(Front)



(Back)

### Braille-printed Identity Card



(Back of the braille-printed identity card)

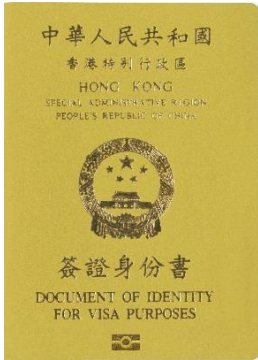


### (a) Multiple Journeys



1. 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.



**Samples of Document of Identity for Visa Purposes (簽證身份書)**

	(a) 2007 version	(b) 2019 version
		

**Remarks:**

1. The format of the document number of Document of Identity for Visa Purposes is either D12345678, DJ1234567 or DA1234567. The prefix of "D" is followed by 8 digits and the prefixes "DA" and "DJ" are followed by 7 digits. The document with prefix "D" is of normal size and document with prefix "DA" or "DJ" is of jumbo size.



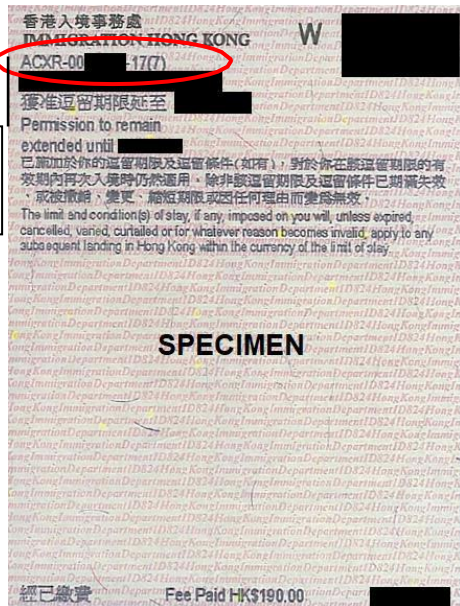
**Travel document (非香港旅遊證件) with endorsement or relevant landing slip (if applicable), showing -**

- (i) “Permitted to remain until (date\*)” or “Permitted to remain extended until (date\*)”  
 \* Please check the **latest approved** endorsement and ensure the limit of stay in Hong Kong is still valid

### Endorsement

### Landing Slip

Visa/  
Reference  
No.



and



- (ii) “The holder of this travel document has the right to land in Hong Kong”

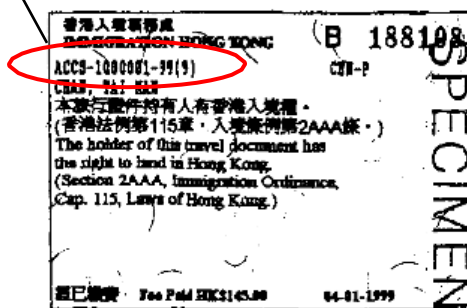
The holder of this travel document has the right to land in Hong Kong.

(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.

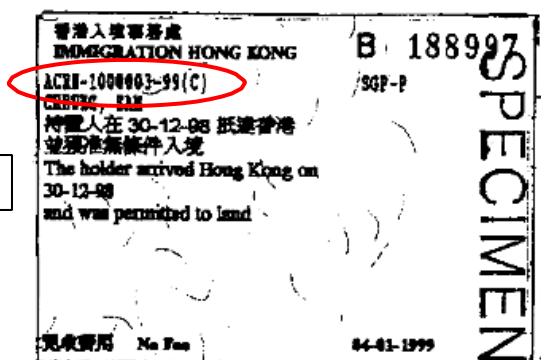


## VSS 2025/26 Doctors' Guide – Reference

- (iii) “The holder arrived Hong Kong on (date) and was permitted to land”

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

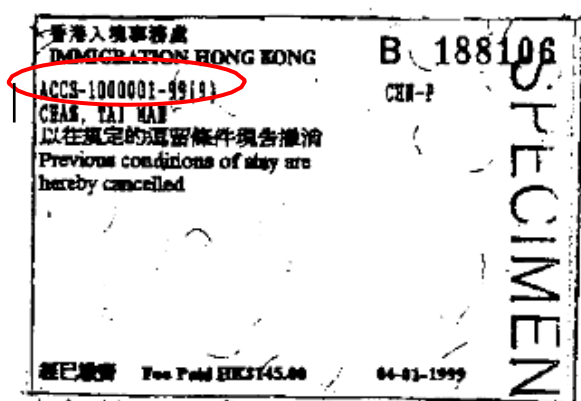
Visa/Reference No.



- (iv) “Previous conditions of stay are hereby cancelled”

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

Visa/Reference No.



- (v) “Holder’s eligibility for Hong Kong permanent identity card verified”

Visa/Reference No.



VSS 2025/26 Doctors’ Guide – Reference

(vi) “Certificate of Entitlement to the Right of Abode in Hong Kong SAR”

Visa/Reference No.

Ref. No. ID850 香港特別行政區居留權證明書

證明書編號 Serial No. A

香港特別行政區居留權證明書  
Certificate of Entitlement to the Right of Abode  
in the Hong Kong Special Administrative Region

本證明書持有人在香港特別行政區的居留權已確立。  
The holder's Right of Abode in the Hong Kong Special Administrative Region has been established. This certificate is valid only if it has been affixed onto a valid travel document issued to the holder of this certificate.

姓名 Name

出生日期 Date of Birth

性別 Sex

發出日期 Date of Issue

入境事務處處長 Director of Immigration  
Hong Kong  
Special Administrative Region

《入境條例》(第 115 章, 附屬法例)表格 ID 850  
Immigration Regulations (Cap. 115 sub. leg.) Form ID 850

(vii) “Unconditional stay in HKSAR had been granted”

“Unconditional stay in HKSAR had been granted” can be identified by a Hong Kong landing slip on a person’s valid travel document showing that he/she is permitted to stay with no conditions attached (獲准無條件在香港逗留) (i.e. a landing slip without any conditions specified).

QONE, RONEL

證件號碼 Travel Document Number

Q1R1L

入境日期(日-月-年) Arrival Date(dd-mm-yyyy)

29-07-2013

LWS>>USA>>R1L

SPECIMEN

0  
0  
9  
0  
3  
6  
3  
4  
3

## **VSS 2025/26 Doctors' Guide – Reference**

### **Remarks:**

1. The Visa / reference no. is in the format of 3 sets of alphabetic and numeric combination (e.g. ABCD-1234567-89(A))
2. With effect from 19 December 2013, stamping of travel document for non-permanent residents during arrival clearance has been replaced by the issue of landing slip which bears the non-permanent resident's English name, travel document number, arrival date, conditions and limit of stay in Hong Kong. Samples of landing slips are illustrated in the next page (Appendix A5(i)).
3. With effect from 28 December 2021, the Immigration Department ("ImmD") has implemented the "e-Visa" arrangement. An applicant for an entry visa/permit, extension of stay or change of status, etc. will be issued with an "e-Visa", such as a "Notification Slip for Entry Visa/Permit" or "Notification Slip for Conditions of Stay", upon approval of the application and payment of the relevant fee (where applicable). "e-Visa" is a collective term for the relevant notification slips in a PDF file format. The sample is illustrated in Appendix A5(ii).



**Persons who will be issued with a landing slip upon each arrival:****Non-local Students****Foreign Domestic Helpers****Imported Workers**  
(Supplementary Labour Scheme)

<b>1</b> 學生 - 批准逗留至 2014 年 12 月 28 日 Student-Permitted to remain until 28 Dec 2014 或終止修讀課程日期以較早日期為準 or four weeks after termination of studies, whichever is earlier 於以下院校修讀批准課程 Studying the approved course at THE UNIVERSITY OF HONG KONG 未得入境事務處處長批准，不得轉讀其他院校或其他課程 CHANGE TO ANOTHER EDUCATIONAL INSTITUTION OR ANOTHER COURSE OF STUDY WITHOUT APPROVAL OF THE DIRECTOR OF IMMIGRATION IS NOT PERMITTED	<b>1</b> 僱傭工作 - 批准逗留至 2015 年 12 月 30 日 Employment-Permitted to remain until 30 Dec 2015 或解除合約日期計兩週內，以較早日期為準 or two weeks after termination of contract, whichever is earlier 受僱於 Employment with Ms SHEUNG MEI LAI 根據家庭傭工僱傭合約號碼 under D.H. Contract No. 11110000	<b>1</b> 僱傭工作 - 批准逗留至 2014 年 12 月 28 日 Employment-Permitted to remain until 28 Dec 2014 或解除合約日期計兩週內，以較早日期為準 or two weeks after termination of contract, whichever is earlier 受僱於 Employment with PROF. [Name] LIMITED 根據僱傭合約號碼 In accordance with Employment Contract No. C16900001
<b>2</b> DORA, EXPLOER 證件號碼 / Document Number: AVN2345678 入境日期 (日-月-年) / Arrival Date(dd-mm-yyyy): 28-12-2013 APS>UK>RZX	<b>2</b> MARIA, GOOD HELPER 證件號碼 / Document Number: AB12345678 入境日期 (日-月-年) / Arrival Date(dd-mm-yyyy): 30-12-2013 APS>PHL>RZH	<b>2</b> BOB, EXPERT 證件號碼 / Travel Document Number: QP88888888 入境日期 (日-月-年) / Arrival Date(dd-mm-yyyy): 30-12-2013 APS>USA>RZB

**Other Non-permanent Residents will be issued with a landing slip\* upon their first entry only**

<b>1</b> 僱傭工作 - 批准逗留至 2014 年 12 月 25 日 Employment-Permitted to remain until 25 Dec 2014 <b>2</b> GEORGE, THOMAS 證件號碼 / Document Number: E12345678 入境日期 (日-月-年) / Arrival Date(dd-mm-yyyy): 25-12-2013 APS>USA>NZE	<b>1</b> 批准逗留至 2014 年 12 月 25 日 Permitted to remain until 25 Dec 2014 <b>2</b> CHEN, DAWEN 證件號碼 / Document Number: W23456789 入境日期 (日-月-年) / Arrival Date(dd-mm-yyyy): 25-12-2013 APS>TWP>H2
已施加於你的逗留期限及逗留條件(如有)，對於你在該逗留期限的有效期間內再次入境時仍然適用，除非該逗留期限及逗留條件已屆滿失效，或被取消、變更、縮短期限或因任何理由而變為無效。 The limit and condition(s) of stay, if any, imposed on you will, unless expired, cancelled, varied, curtailed or for whatever reason becomes invalid, apply to any subsequent landing in Hong Kong within the currency of the limit of stay.	已施加於你的逗留期限及逗留條件(如有)，對於你在該逗留期限的有效期間內再次入境時仍然適用，除非該逗留期限及逗留條件已屆滿失效，或被取消、變更、縮短期限或因任何理由而變為無效。 The limit and condition(s) of stay, if any, imposed on you will, unless expired, cancelled, varied, curtailed or for whatever reason becomes invalid, apply to any subsequent landing in Hong Kong within the currency of the limit of stay.

## Notification Slip for Entry Visa/Permit (Sample)

申請檔案編號 Application Reference No. MTEN-0000090-21(E)

TWP-T

Visa/Reference No.

中華人民共和國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 of the People's Republic of China

入境簽證 / 進入許可通知書

Notification Slip for Entry Visa / Permit

姓名 Name	申簽證 SAN, CHIM ZING	
出生日期 (日-月-年) Date of birth (day-month-year)	14-12-1980	
<p>輸入內地人才計劃 持證人可在 28-07-2022 或以前 多次進入香港 僱傭工作 12 個月 Admission Scheme for Mainland Talents and Professionals Good for Multiple journeys to Hong Kong valid for presentation on or before 28-07-2022 EMPLOYMENT 12 months 為以下僱主工作 For employment with ABC COMPANY</p> <p>未得入境事務處處長批准，不得轉換工作。 Change of employment without approval of the Director of Immigration is not permitted. 本進入許可必須與具有相關赴港簽注的有效在港進出通行證一併於辦理入境手續時出示，方為有效。 This entry permit is valid only if it is presented together with a valid Exit-entry Permit for Traveling to and from Hong Kong and Macau with relevant exit endorsement issued to the holder of this entry permit upon immigration arrival clearance.</p>		
<p><b>重要事項 Important notes</b></p> <p>(1) 本通知書由中華人民共和國香港特別行政區政府入境事務處發出，當中所載的資料可在入境事務處網站 (www.immd.gov.hk) 或入境事務處流動應用程式核實。 This notification slip is issued by the Immigration Department, the Government of the Hong Kong Special Administrative Region of the People's Republic of China. The information contained herein can be verified on the website of the Immigration Department (www.immd.gov.hk) or the Immigration Department Mobile Application.</p> <p>(2) 本通知書不是身分證文件。 This notification slip is not a proof of identity.</p> <p>(3) 通知書持有人應把本通知書的軟複本儲存在流動裝置上，或把本通知書列印在一張 A4 白紙上，以便在有需要時出示以供查閱。 This notification slip should be saved in soft copy on a mobile device or printed on a piece of A4 white paper for production for inspection as necessary.</p> <p>(4) 本通知書載有個人資料，必須妥為保管。 This notification slip contains personal data and must be kept in safe custody.</p>		

(12/2021)

經已繳費

Fee Paid HK\$230.00

28-12-2021

**Samples of Permit to Remain in the HKSAR (ID 235B) (居留許可證)**

(a) Under non-stamping arrangement (issued after 6 January 2017)

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. A026308

編號 GRBB-0001037-16(8)  
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 BROWN, ANDREW  
Name of child

性別 男 MALE  
Sex

出生日期及地點 二零一六年十二月二十日 香港 20 DECEMBER 2016 HONG KONG  
Date and place of birth

出生登記編號 XX800366(1)  
Birth entry number

父親姓名 BROWN, ROBERT  
Name of father

母親姓名 MAX, SUSAN  
Name of mother

香港地址 FLAT A, 10/F, HONG KONG VILLAS, CENTRAL, HONG  
Address in Hong Kong  
KONG

本證的持有人(其詳情如上)獲准在本港居留。  
The holder, whose particulars appear above, is permitted to remain in the  
但必須遵守下列條件:  
Hong Kong Special Administrative Region on the following conditions:—

香港入境事務處  
IMMIGRATION HONG KONG  
GRBB-0001037-16(8)  
BROWN ANDREW  
批准逗留至  
28-02-17  
Permitted to remain  
until 28-02-17  
免收費用 No fee  
ID 235B (3/2010)

F 672529  
MBX

SPECIMEN

28-12-2016



VSS 2025/26 Doctors’ Guide – Reference

(b) showing no condition of stay imposed (issued before 6 January 2017)

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  
F.A.—F.E.  
ORIGINAL—WHITE PAPER  
DUPLICATE—YELLOW PAPER

編號 GRES-000000-0018) **SAMPLE**

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 姓名 Name  
性別 女 FEMALE  
出生日期及地點 Date and place of birth JULY 1978 HONG KONG 出生日期 Date of Birth  
出生登記編號 Birth Entry Number 122459218  
父親姓名 Name of father  
母親姓名 Name of mother  
香港地址 Address in Hong Kong TREGUNTER  
PATH, MID-LEVELS, HONG KONG

性別 Gender  
出生登記編號 Birth Entry No.

本證的持有者(其詳情如上)獲准在本港居留。  
The holder, whose particulars appear above, is permitted to remain in the  
Hong Kong Special Administrative Region on the following conditions:—

N.E.

31 JUL 2008  
SEPARATION  
入境事務人員處印信  
Immigration Officer's  
authenticating stamp

Authenticating stamp before 23 Jan 2008	Authenticating stamp on or after 23 Jan 2008
	



## VSS 2025/26 Doctors' Guide – Reference

- (c) showing the holder is permitted to remain / permitted to remain extended until a specific date (issued before 6 January 2017)

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

編號  
Reference No.

香港特別行政區政府  
入境事務處  
Permit to Remain in the Hong Kong Special Administrative Region

兒童姓名  
Name of child

姓  
Surn

全名  
Full name

出生日期  
Date of birth

正印登記號碼  
Birth entry number

母親姓名  
Name of mother

地址  
Address in Hong Kong

香港特別行政區政府  
入境事務處  
The holder, whose passport number is stated, is permitted to remain in the Hong Kong Special Administrative Region on the following conditions:-

THE HONG KONG IMMIGRATION DEPARTMENT  
- 5 MAR 2004

HONG KONG  
- 5 MAR 2004  
IMMIGRATION

THE HONG KONG IMMIGRATION DEPARTMENT  
- 5 MAR 2004  
IMMIGRATION

Authenticating stamp before 23 Jan 2008	Authenticating stamp on or after 23 Jan 2008

### Remarks:

- Under the non-stamping arrangement with effect from 6 January 2017, a label bearing the imposed conditions of stay in respect of the child will be affixed onto the ID 235B in lieu of stamping. Furthermore, no authenticating stamp impression will be made onto the ID 235B.
- Samples of label bearing various conditions of stay to be issued by birth registries are illustrated in the next page (Appendix A6(i)).

**Samples of Label for ID 235B under Non-stamping Arrangement**Unconditional StayTemporary ResidentDiplomatic / Official (Father's version)Diplomatic / Official (Mother's version)Visitor

Samples of Certificate issued by the Births Registry for Adopted Children  
(With their status of permanent resident indicated “Established”)

香港特別行政區衛生死登記處  
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發給一項登記紀錄的核對副本  
CERTIFIED COPY OF AN ENTRY IN THE RECORDS OF THE GENERAL REGISTER OFFICE  
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

	記錄編號 No. of entry	A123456789012345	記錄編號 No. of Entry
(1)	子女出生日期及國家 (即欄下所列日期) Date and country of birth of child (See footnote)	14 FEBRUARY 2009 HONG KONG	出生日期 Date of Birth
(2)	子女姓名 Surname and name of child	常快樂 SHEUNG FAI LOK	姓名 Name
(3)	子女性別 Sex of child	MALE	性別 Gender
(4)	領養人姓名及地址 Surname and name, address and occupation of adopter or adopters	常德康 SHEUNG, KIN HONG ROOM 888, WEALTHY HOUSE, WEALTHY ESTATE, YUEN LONG, NEW TERRITORIES FARMER  常開心 SHEUNG HOI SUM SAME ADDRESS FARMER	
(5)	領養令日期及作出該令的法院名稱 Date of adoption order and description of Court which made the order	14 FEBRUARY 2009 THE DISTRICT COURT OF HONG KONG SPECIAL ADMINISTRATIVE REGION	
(6)	登記日期 Date of entry	15 FEBRUARY 2009	
(7)	登記官簽名的 核對紀錄的人員的簽名 Signature of officer deputised by Registrar to attest the entry	ZONG, DAK LEE	
(8)	永久居民身份 Status of permanent residents of the adopter(s) (Indicate "Established" or "Provisional")	ESTABLISHED	

核對副本只供證明用途，並非正式紀錄。此項核對副本只供證明用途，並非正式紀錄。  
(Certified copy is for proof of entry in the Register only. It is not a formal record. It is not a formal record.)

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(This certified copy is for proof of entry in the Register only. It is not a formal record. It is not a formal record.)

二零零九年二月十五日 香港  
Under the Seal of the Registrar of Births and Deaths, THE HONG KONG SPECIAL ADMINISTRATIVE REGION,  
under the Seal of the Registrar of Births and Deaths, THE HONG KONG SPECIAL ADMINISTRATIVE REGION,  
under the Seal of the Registrar of Births and Deaths, THE HONG KONG SPECIAL ADMINISTRATIVE REGION,

ZONG DAK LEE  
副登記官  
Deputy Registrar of Births and Deaths

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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

Serial No. 08

檔案編號:  
Reference:  
日期:  
Date:

\*Mr./Mrs./Miss \_\_\_\_\_ 先生\*  
女士  
小姐

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.

\*Delete where inappropriate  
ROP 60 (5/2003)

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

(Front)

注意  
IMPORTANT

此證明書是重要文件，應妥為保存作為身份證明文件。  
This certificate is a valuable document which must be carefully preserved for identification purposes.

(Back)