FOR PERSONS AGED BELOW 65 YEARS

Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health

eHS(S) T	ransaction No. (For	r Doctor's Use)
ONE TR	ANSACTION NU	MBER ONLY
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Note: Please complete this form in BLOCK letters using black or blue pen and put a "\sqrt{"}" in appropriate boxes and *delete as appropriate.

Two consent forms are required for two doses of subsidised vaccination.

Subsidy Scheme and the concerned vaccine before you sign this form.

I consent to use the Government subsidy for myself / my child / my ward * to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-

	Name of Doctor	※クリニック記入欄 ^{nation}						
Pl	ace of Vaccination							
Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)								
V	Quadrivalent	ALL persons aged 9 or above: ※9歳以上のお子様はこちらに印を入れてください						
	Inactivated Influenza	The only dose for this season (9歳を含みます)						
	Vaccine (Injectable)	Children under the age of 9 but have received Seasonal Influenza						
	Quadrivalent Live	Vaccination in previous seasons:						
	Attenuated Influenza	□ The only dose for this season ^{※9歳以下のお子様はこちらに印を入れてください}						
	Vaccine (Nasal Spray)	Children under the age of 9 but have <u>NEVER</u> received Seasonal Influenza						
	Quadrivalent	Vaccination in previous seasons (vaccine naïve children):						
	Recombinant Influenza	The first dose for this season ※9歳以下のお子様でいままで一度もインフルエンザ予防接種を うけたことがないお子様はこちらに印を入れてください						
	Vaccine (Injectable)	The second dose for this season						
Elig	gibility Statement (Put a	in the most appropriate box and * delete as appropriate.)						
I co	nfirm that I am / my chi	ild is my ward is * a Hong Kong resident and that:						
	I am pregnant							
	Confirmation of pregnan	ncy by attending enrolled doctor:						
	Attending Enrolled Doctor's Signature							
	I am between the age of	50 and less than 65 (For 65 years old or above, please use another form)						
My child / ward * is between the age of 6 months and less than 18 years <u>OR</u> is 18 years or above but attending a sceondary school in Hong Kong (For the latter, please provide a copy of student handbook/card)								
	My child / ward * is a p	person with intellectual disability holding:						
	The Registration Card for People with Disability specifying "Intellectual Disability" or "Mentally Handicap"							
	A medical certificate issued by a Registered Medical Practitioner that my child / ward is entitled to							
	subsidized vaccination							
	A certificate issued by the Person-in-charge of designated Persons with Intellectual Disability Institutions that my child / ward is a service user of the institution							
	(Please provide a copy of the aforesaid document)							
$ \sqcup $	I am / My child is / My ward is *							
	A recipient of the Social Welfare Department's Disability Allowance (Please provide a copy of the disability allowance approval letter)							
	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 (Please provide a copy of documentary proof and sign a self-declaration form provided by the doctor enrolled in VSS)							

The Personal Deta	ails of Recipient (as indicated or	n identity docum	ent)					
Name: DYM	, Hanako		DYM	花子				
(English) (surna	me) (given name)	(C	Chinese) (surname)	(given name)				
Date of Birth: 08	_/ <u>11</u> _/ <u>2015</u> (dd/mm/yyy	ex:	▼ Female					
Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)								
Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.								
V Hong Kong Birt	th Certificate Registration No.:		A B 1	2 3 4 5 6 (7)				
V Hong Kong Idea Date of Issue:	ntity Card No.:/(dd/mm/yyyy	7)	A B 1	2 3 4 5 6 (7)				
■ Hong Kong Re-entry Permit No. (Beginning w C香港で生まれたお子様>:「 <mark>香港出生証明書番号</mark> 」 Date of Issue:/(dd/mm C香港IDを持っているお子様>:「 <mark>香港ID番号</mark> 」ご記入くだる								
	nent of Identity No. (Beginning with		D					
	□ Permit to Remain in HKSAR (ID 235B) - Birth <上記どちらもお持ちでないお子様>: 「パスポート番号」 Permitted to remain until:// と「香港発給のVisa番号」をご記入ください							
V Non-Hong Kong	g Travel Documents No. (e.g. Foreig	gn passports):	TZ3296	4566				
HKSAR Visa /	Reference No.:	1 - 1 - 1 - 1 - 1	ABCD-1	2 3 4 5 6 7 - 8 9 (K)				
Certificate issue	ed by the Births Registry for adopte	d children -						
No. of Entry:								
Serial No. of the	e Certificate of Exemption:							
Reference No.:								
HKID No. show	on the Certificate:							
Date of Issue:	/ / (dd/mm/yyyy	7)	goden W en	netta e e n del le e				
I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data. Signature of recipient (or finger print if illiterate#): Contact Telephone No.: Date:								
Parent / Guardia	n should complete the followin	g only if recipies	nt is aged below	18 / mentally incapacitated				
	Signature of Par	DYM :	太郎					
	Name of Parent / Guardi	an (in English):	CALLED TOP OF THE	Taro				
		Relationship:	V Father	Mother Guardian				
	Contact	1234-5	5678					
		10/10/	/2020					
# Witness should	complete the following if the r	ecipient has me	ental capacity b	ut is illiterate				
This document has been read and explained to the recipient in my presence.								
	Signat	1,18	root Surgariffeety					
	Name of Witne							
	Hong Kong Ide (only the alphabet and the first three	entity Card No.: digits are required)						
Contact Telephone No.: Date:								
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