

Consent to Use Vaccination Subsidy
Vaccination Subsidy Scheme
Department of Health

eHS(S) Transaction No. (For Doctor's Use)
ONE TRANSACTION NUMBER ONLY
TG - -

Note: Please complete this form in BLOCK letters using black or blue pen and put a "✓" in appropriate boxes and *delete as appropriate. Two consent forms are required for two doses of subsidised vaccination. Please read the information sheet about the 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:-

Table with 2 columns: Name of Doctor, Date of Vaccination, Place of Vaccination. Includes a large red watermark: ※クリニック記入欄

Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)
Quadrivalent Inactivated Influenza Vaccine (Injectable)
Quadrivalent Live Attenuated Influenza Vaccine (Nasal Spray)
Quadrivalent Recombinant Influenza Vaccine (Injectable)
ALL persons aged 9 or above:
Children under the age of 9 but have received Seasonal Influenza Vaccination in previous seasons:
Children under the age of 9 but have NEVER received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):

Eligibility Statement (Put a "✓" in the most appropriate box and * delete as appropriate.)
I confirm that I am / my child is / my ward is * a Hong Kong resident and that:
I am pregnant
Confirmation of pregnancy by attending enrolled doctor:
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 OR is 18 years or above but attending a secondary school in Hong Kong
My child / ward * is a person with intellectual disability holding:
I am / My child is / My ward is *

The Personal Details of Recipient (as indicated on identity document)	
Name: <u>DYM</u> <u>Hanako</u> (English) (surname) (given name)	<u>DYM</u> <u>花子</u> (Chinese) (surname) (given name)
Date of Birth: <u>08</u> / <u>11</u> / <u>2015</u> (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> Hong Kong Birth Certificate Registration No.:	<u>A</u> <u>B</u> <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> (<u>7</u>)
<input checked="" type="checkbox"/> Hong Kong Identity Card No.:	<u>A</u> <u>B</u> <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> (<u>7</u>)
Date of Issue: ___ / ___ / ___ (dd/mm/yyyy)	HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with "R"):	<p><香港で生まれたお子様> : 「香港出生証明書番号」</p> <p><香港IDを持っているお子様> : 「香港ID番号」 ご注意ください</p>
Date of Issue: ___ / ___ / ___ (dd/mm/yyyy)	
<input type="checkbox"/> HKSAR Document of Identity No. (Beginning with "D"):	<u>D</u>
Date of Issue: ___ / ___ / ___ (dd/mm/yyyy)	
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth:	<p><上記どちらもお持ちでないお子様> : 「パスポート番号」</p> <p>と「香港発給のVisa番号」をご記入ください</p>
Permitted to remain until: ___ / ___ / ___	
<input checked="" type="checkbox"/> Non-Hong Kong Travel Documents No. (e.g. Foreign passports):	<u>TZ32964566</u>
HKSAR Visa / Reference No.:	<u>A</u> <u>B</u> <u>C</u> <u>D</u> - <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> - <u>8</u> <u>9</u> (<u>K</u>)
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	/
<input type="checkbox"/> Serial No. of the Certificate of Exemption:	
Reference No.:	
HKID No. shown on the Certificate:	
Date of Issue: ___ / ___ / ___ (dd/mm/yyyy)	()

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 / Guardian should complete the following only if recipient is aged below 18 / mentally incapacitated

Signature of Parent / Guardian: DYM 太郎

Name of Parent / Guardian (in English): DYM Taro

Relationship: Father Mother Guardian

Contact Telephone No.: 1234-5678

Date: 10/10/2020

Witness should 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.: | | | | | | | | | | | | | | | | | |

(only the alphabet and the first three digits are required)

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Contact Telephone No.: _____ Date: _____