FOR PERSONS AGED BELOW 65 YEARS

Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health

	ANSACTION NU	JANDER GIVET
TG	_	_

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	- A pate of Yeseination					
Name of Doctor Place of Vaccination Place 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:						
	Inactivated Influenza	※9歳以上のお子様はこちらに印を入れてください 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					
	Vaccine (Injectable)	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 The second dose for this season					
Elig	ibility Statement (Puta	"\" in the most appropriate box and * delete as appropriate.)					
		aild is my ward is * a Hong Kong resident and that: 2回目の接種の際は					
	I am pregnant こちらにV印を						
_		ncy by attending enrolled doctor: つけてください					
		Attending Enrolled Dock					
	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	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)						
	I am / My child is / My	y 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 Kon	g Identity Card or Certificate of Exer	mption would be a	ccepted 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〉: 「香港出生証明書番号」 Date of Issue:/(dd/mm C香港IDを持っているお子様〉: 「香港ID番号」ご記入くだ						
	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			
the Statement of	n informed and fully understo Purpose of Collection of Perso nature of recipient (or finger prin Contact	onal Data.		ander this consent form and			
Parent / Guardia	n should complete the followin	g only if recipies	nt is aged below	18 / mentally incapacitated			
	Signature of Par	rent / Guardian:	DYM :	太郎			
	Name of Parent / Guardi	an (in English):	1419 P. Oct. 101	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.							
Signature of Witness:			1,18	root Surgariffeety			
	Name of Witne		nes perendicia c				
	Hong Kong Ide (only the alphabet and the first three	entity Card No.: digits are required)					
Contact Telephone No.: Date:							
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