

**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. Put a "✓" in the appropriate box and *delete as appropriate. **If two vaccines are given in the same visit, only one consent form is required. Otherwise, two separate consent forms must be filled out.** 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 to receive Seasonal Influenza Vaccination / Pneumococcal Vaccination under the Vaccination Subsidy Scheme with details as follows:

| | |
|----------------------|---------------------|
| Name of Doctor | Date of Vaccination |
| Place of Vaccination | ※クリニック記入欄 |

Types of Vaccination (Put a "✓" in the most appropriate box)

- Quadrivalent Seasonal Influenza Vaccination
- 23-valent Pneumococcal Polysaccharide Vaccination (23vPPV) # **OR** 13-valent Pneumococcal Conjugate Vaccination (PCV13) #
- # Elderly without high-risk conditions can receive 1 dose of 23vPPV with subsidy;
Elderly with high-risk conditions can receive subsidy for 1 dose of PCV13 and 1 dose of 23vPPV one year after. The interval between the two doses must be at least one year.
- Certified by attending enrolled doctor that the elderly person is with high-risk conditions:

Signature of Attending Enrolled Doctor

Personal Details of Recipient (as indicated on identity document)

Name: DYM, Taro (English) (surname) (given name) DYM 太郎 (Chinese) (surname) (given name)

Date of Birth: 15 / 04 / 1950 (dd/mm/yyyy) Sex: Male Female

Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)

Hong Kong Identity Card No.: _____
Date of Issue: 09 / 10 / 2010 (dd/mm/yy)

HKIC Symbol: A C R U

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[△]): DYM 太郎
Contact Telephone No.: 1234-5678 Date: 10/10/2020

△ Also 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.
Name of Witness (in English): _____ Signature of Witness: _____
Hong Kong Identity Card No.: (X) Date: _____
(only the alphabet and the first three digits are required) Contact Telephone No.: _____

Complete the following only if recipient is mentally incapacitated

Name of Guardian (in English): _____ Signature of Guardian: _____
Contact Telephone No.: _____ Date: _____