FOR PERSONS AGED BELOW 65 YEARS

<妊娠中の方&50歳~64歳の方>

Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health

eHS(S) T	eHS(S) Transaction No. (For Doctor's Use)		
	ANSACTION NI		
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.

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 tollows:-

Name of Doctor	Date of Vaccination			
Place of Vaccination	※クリニック記入欄			
Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)				
	ALL persons aged 9 or above:			
▼ Quadrivalent	✓ The only dose for this season			
Inactivated Influenza	Children under the age of 9 but have received Seasonal Influenza			
Vaccine (Injectable)	Vaccination in previous seasons:			
	The only dose for this season			
Ovalivalent Live	Children under the age of 9 but have NEVER received Seasonal Influenza			
fluenza Vaccination in previous seasons (vaccine naïve children):				
妊娠されている Spray	The first dose for this season			
方はこちらに印を	The second dose for this season			
いれてください Eh nent (Pu	t a "✓" in the most appropriate box and * delete as appropriate.)			
	child is / my ward is * a Hong Kong resident and that:			
	gnancy by attending enrolled doctor:			
	Attending Enrolled Doctor's Signature			
✓ I am between the ag	e of 50 and less than 65 (For 65 years old or above, please use another form)			
	is between the age of 6 months and less than 12 years <u>OR</u> is 12 years or above but school in Hong Kong (For the latter, please provide a copy of student handbook/card)			
方はこちらに印を	a person with intellectual disability holding:			
いれてください aion Card for People with Disability specifying "Intellectual Disability" or "Mentally				
subsidized vac A certificate is	ificate issued by a Registered Medical Practitioner that my child / ward is entitled to cination sued by the Person-in-charge of designated Persons with Intellectual Disability at my child / ward is a service user of the institution			
	ppy of the aforesaid document)			
I am / My child is /	My ward is *			
	the Social Welfare Department's Disability Allowance (Please provide a copy of the wance 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 Details of Recipient (as indicated on identity docu	ument)		
Nan	ne: DYM	Hanako	DYM 花子		
(Eng	lish) (surname)	(given name)	(Chinese) (surname) (given name)		
Dat	e of Birth: <u>09 / 10 / 1985</u>	(dd/mm/yyyy)	Sex: Male V Female		
Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)					
Note	: Only Hong Kong Identity Card or C	ertificate of Exemption would b	e accepted for person aged 12 or above.		
Hong Kong Birth Certificate Registration No.:					
V	Hong Kong Identity Card No.: Date of Issue: 09/12/2018	(dd/mm/yyyy)	A B 1 2 3 4 5 6 (7) HKIC Symbol: □ A □ C □ R □ U		
	Hong Kong Re-entry Permit No. (ED)	(T) (T)	R		
	HKSAR Document of Identity No. Date of Issue://		D		
	Permit to Remain in HKSAR (ID 2 Permitted to remain until:/_		()		
	Non-Hong Kong Travel Document HKSAR Visa / Reference No.:	s No. (e.g. Foreign passports):			
	Certificate issued by the Births Reg No. of Entry:	gistry for adopted children -			
П	Serial No. of the Certificate of Exe	mption:			
	Reference No.:				
	HKID No. shown on the Certificate	3*			
	Date of Issue://		nee green at the green and the state of the		
	have read / been informed and f e Statement of Purpose of Colle		tion and liability under this consent form and		
CD.		t (or finger print if illiterate#	DYM 花子		
	Signature of recipien	Contact Telephone No	^ 		
		Dat			
Pa	rent / Guardian should complet	e the following only if recip	pient is aged below 18 / mentally incapacitated		
	S	ignature of Parent / Guardia	n:		
	Name of F	arent / Guardian (in English	n):		
Relationship		p: Father Mother Guardian			
Contact Telephone No		D.:			
Date:			e:		
# 1	Witness should complete the fol	lowing if the recipient has	mental capacity but is illiterate		
Th	is document has been read and ex	xplained to the recipient in m	ny presence.		
Signature of Witnes			SS:		
Name of Witness (in English			1):		
Hong Kong Identity Card No (only the alphabet and the first three digits are require			(2)		
Contact Telephone No.: Date			e:		
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