

第一部分【接種疫苗資料】

Seasonal Influenza Vaccination 季節性流感疫苗

<div data-bbox="81 288 469 416"> <input type="checkbox"/> Inactivated Influenza Vaccine (Injectable) 滅活疫苗（注射式） </div> <div data-bbox="81 416 469 548"> <input type="checkbox"/> Recombinant Influenza Vaccine (Injectable) 重組疫苗（注射式） </div> <div data-bbox="81 548 469 680"> <input type="checkbox"/> Live Attenuated Influenza Vaccine (Nasal Spray) 減活疫苗（噴鼻式） </div>	<div data-bbox="469 288 1493 416"> <p>For ALL persons aged 9 or above 9 歲或以上人士：</p> <input type="checkbox"/> The only dose for this season 本季度唯一一劑 </div> <div data-bbox="469 416 1493 548"> <p>For children under the age of 9 who have received Seasonal Influenza Vaccination in previous seasons 9 歲以下兒童並曾於過往季度接種過一劑或以上季節性流感疫苗：</p> <input type="checkbox"/> The only dose for this season 本季度唯一一劑 </div> <div data-bbox="469 548 1493 680"> <p>For children under the age of 9 who have <u>NEVER</u> received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children) 9 歲以下兒童並從未於過往季度接種過季節性流感疫苗：</p> <div data-bbox="469 638 1493 680"> <input type="checkbox"/> The first dose for this season 本季度第一劑 <input type="checkbox"/> The second dose for this season 本季度第二劑 </div> </div>
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<input type="checkbox"/> 23-valent Pneumococcal Polysaccharide Vaccine (23vPPV) 23 價肺炎球菌多醣疫苗 (23 價疫苗)	Elderly aged 65 or above (a) <u>without</u> high-risk conditions#, and has never received 23vPPV and PCV13 or PCV15 vaccinations before, or (b) <u>with</u> high-risk conditions# and has never received 23vPPV vaccination before but has received PCV13 or PCV15 at least one year prior to the proposed 23vPPV vaccination is entitled to receive one dose of 23vPPV with subsidy. 65 歲或以上長者(a) <u>沒有</u> 高風險情況#而未曾接種 23 價及 13 價或 15 價疫苗，或(b) <u>有</u> 高風險情況#且從未接種過 23 價疫苗但已於至少一年前接種一劑 13 價或 15 價疫苗，可獲資助接種一劑 23 價疫苗。
<input type="checkbox"/> 15-valent Pneumococcal Conjugate Vaccine (PCV15) 15 價肺炎球菌結合疫苗 (15 價疫苗)	Elderly aged 65 or above <u>with</u> high-risk conditions# is entitled to receive subsidy for 1 dose of PCV15 if (a) he or she has never received PCV13 or PCV15 and 23vPPV vaccinations before or (b) he or she has never received PCV13 or PCV15 vaccination but has received 23vPPV at least one year prior to the proposed PCV15 vaccination. <u>有</u> 高風險情況#的 65 歲或以上長者若(a) 未曾接種 23 價及 13 價或 15 價疫苗，或(b) 從未接種過 13 價或 15 價疫苗但已於至少一年前接種一劑 23 價疫苗，可獲資助接種一劑 15 價疫苗。

Part II 【Vaccine Recipient Information】

第二部分 【疫苗接種者資料】

1. VACCINE RECIPIENT INFORMATION 疫苗接種者資料

Vaccine recipient's Full Name (as indicated on identity document) 疫苗接種者姓名 (請依照身份證明文件填寫)

Surname K A T O | | | | | | | | | | | | | | | | | |

姓 [中文]: 加藤

First Name | H | A | N | A | K | O | | | | | | | | | | | | | | | |

名[中文]: 花子

Date of Birth 出生日期: 08 DD/ 11 MM/ 2020 YYYY **Sex 性別:** ☐ Male 男 ☒ Female 女

2. IDENTITY DOCUMENT 身份證明文件

Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.

註：十二歲或以上人士只接受香港身份證或豁免登記證明書。※香港IDをお持ちの12歳以上の方はかならず香港ID番号をご記入ください

☐ Hong Kong Identity Card No. 香港身份證號碼： [][] [][][][][][] ([][])

Date of Issue 簽發日期: DD/ MM/ YY **HKIC Symbol 身份證符號標記:** ☐ A ☐ C ☐ R ☐ U ☐ Others

☐ **Serial No. of the Certificate of Exemption 豁免登記證明書編號：**

Reference No. 檔案編號：

HKID No. shown on the Certificate 豁免登記證明書編號上的香港身份證號碼： [][] [][][][][][][][][][][] ([][])

Date of Issue 簽發日期: DD/ MM/ YY

※香港で生まれたお子様、香港出生証明書番号をご記入ください

☐ Hong Kong Birth Certificate Registration No. 香港出生證明書登記號碼： | | | | | | | | (| |)

☐ Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS") 香港特別行政區回港證號碼 (以"RM"或"RS"開首):

[illegible]

Date of Issue 簽發日期: / / DD / / MM / / YY

- ☐ **HKSAR Document of Identity No. (Beginning with "D")** 香港特別行政區簽證身份書證件號碼 (以"D"開首):
[D][][][][][][][][][][][][][][][][] Date of Issue 簽發日期: [][][DD / [][][MM / [][][YY

☐ **Permit to Remain in HKSAR (ID 235B) - Birth Entry No.** 香港居留期許可證 (ID 235B) 出生登記編號:
[][][][][][][][][][][][][][][][] ([][]) Permitted to remain until 獲准逗留至: [][][DD / [][][MM / [][][YY

Please also provide Hong Kong Birth Certificate Registration No. for eHealth registration
請提供香港出生證明書登記號碼用作登記醫健通: [][][][][][][][][][][][][][][][] ※香港ID, 出生証明書も持ちでないお子様はパスポート番号と香港発給VISA番号をご記入ください

☐ **Non-Hong Kong Travel Documents No. (e.g. Foreign passports)** 非香港旅遊證件號碼 (例如: 外地簽發的護照):
M Z 1 2 3 4 5 6 7

HKSAR Visa / Reference No. 香港入境處簽證 / 參考編號: [A][B][C][D] - [1][2][3] [4][5][6][7] - [8][9] ([K])

☐ **Certificate issued by the Births Registry for adopted children – No. of Entry**
生死登記處發出被領養兒童的領養證明書記項編號: [][][][][][][][][][][][][][][][] / [][][][][][][][][][][][][][][][]

3. ELIGIBILITY STATEMENT 資格聲明

Seasonal Influenza Vaccination 季節性流感疫苗

Children and adolescents aged between 6 months and 18 years old (not including 18 years itself)

年齡介乎 6 個月至未滿 18 歲的兒童及青少年

- ☐ **My child / ward *** is between the age of 6 months and 18 years old (not including 18 years itself) in the calendar year when the Vaccination is given
- OR is still a student of a secondary school registered under the Education Ordinance (Cap 279 of the Laws of Hong Kong) in the school year when the Vaccination is given *(For the latter, please provide a copy of student handbook/ card)*
- 本人子女／受監護者 * 年齡介乎 6 個月至未滿 18 歲 或 在接種疫苗的學年仍是《教育條例》(第 279 章)註冊的中學的學生 (如屬後者, 請提供學生手冊或學生證副本)

Other categories 其他類別

- ☐ **I am** pregnant at the time of Vaccination
本人正在懷孕

Confirmation of pregnancy by
the Private Doctor:
醫生確認懷孕： _____

(Private Doctor's Signature 醫生簽署確認)

☐ **My child / ward** * is a person aged 6 months or above with intellectual disability holding:
本人 6 個月或以上的子女／受監護者 * 乃智障人士並持有：

☐ The "Registration Card for People with Disabilities" with indication of "Intellectual Disability" or "Mentally Retarded":
殘疾人士登記證 (註明「智障」或「弱智」)： ☐ physical card 實體卡 ☐ electronic version^ 電子版本^

^Confirmation of possession of the Registration Card
(electronic version) by the Private Doctor:
^醫生已查核電子版本殘疾人士登記證： _____

(Private Doctor's Signature 醫生簽署確認)

☐ A certificate issued by a Registered Medical Practitioner that **my child / ward** * is eligible for subsidised Vaccination
由註冊醫生發出的醫生證明書以證明本人子女／受監護者 * 有資格接受資助接種疫苗

☐ A certificate issued by the person-in-charge of a designated institution serving persons with intellectual disability that my
child / ward is a user of the institution
由指定的智障人士服務機構負責人所簽發的證明書

(Please provide a copy of the aforesaid document except the electronic version of Registration Card for People with Disability)
(請提供前述證明文件副本，電子版本殘疾人士登記證除外)

☐ **I am / My child is / My ward is*** 本人／本人子女／受監護者 * 為：

☐ A recipient of the Social Welfare Department's Disability Allowance 領取社會福利署傷殘津貼人士
(Please provide a copy of the disability allowance approval letter issued by the Social Welfare Department of the
Government 請提供社會福利署發出的傷殘津貼批准信副本)

☐ 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 and is aged 18 to under 50
領取社會福利署綜援計劃標準金額類別為「殘疾程度達100%」或「需要經常護理」的人士並為18歲至50 歲
(Please provide a copy of documentary proof and sign a self-declaration form provided by the Private Doctor
請提供證明文件副本及簽署由私家醫生提供的聲明書)

☐ I am aged 18 to under 50, and is certified by the Private Doctor as a person with any of the following specified chronic medical conditions%:

本人年齡為18至 50 歲以下，並為經醫生確認為有以下任何一種長期健康問題%：

Confirmation of specified chronic medical conditions below by the Private Doctor
醫生確認為以下長期健康問題

(Please also put a “✓” in the box concerned) (請在適當位置加上 “✓” 號)%：

(Private Doctor's Signature 醫生簽署確認)

% Specified chronic medical conditions comprise 長期健康問題包括：

- ☐ Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases;
長期心血管疾病（高血壓而沒有併發症除外）、肺病、肝病或腎病；
- ☐ Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
新陳代謝疾病包括糖尿病或肥胖（體重指數 30 或以上）；
- ☐ Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment; and
免疫力弱因情況如無脾、人類免疫力缺乏病毒感染／愛滋病或癌症／類固醇治療引致；及
- ☐ Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves.
長期神經系統疾病致危及呼吸功能、難於處理呼吸道分泌物、增加異物入肺風險或欠缺自我照顧能力。

Remarks:

備註：

Persons aged 50 years and above 50 歲或以上人士

☐ I am aged 50 and above 本人年齡為 50 歲或以上人士

Pneumococcal Vaccination 肺炎球菌疫苗

☐ I am at the age of 65 or above 本人年齡為 65 歲或以上

☐ For Pneumococcal Vaccination, certified by the Private Doctor as an elderly person with any of the following high-risk conditions#: 在肺炎球菌疫苗接種計劃，經醫生確認為有以下任何一種高風險情況的長者#：

Confirmation of high-risk conditions by the Private Doctor #
醫生確認為高風險情況#

(Private Doctor's Signature 醫生簽署確認)

#For Pneumococcal Vaccination, high-risk conditions include:

在肺炎球菌疫苗接種計劃，高風險情況包括：

- History of invasive pneumococcal disease, cerebrospinal fluid leakage or use of cochlear implant;
曾患侵入性肺炎球菌病、腦脊液滲漏或裝有人工耳蝸；
- Chronic cardiovascular (except hypertension without complication), lung, liver or kidney diseases;
長期心血管疾病（高血壓而沒有併發症除外）、肺病、肝病或腎病；
- Metabolic diseases including diabetes mellitus or obesity (Body Mass Index 30 or above);
新陳代謝疾病包括糖尿病或肥胖（體重指數 30 或以上）；
- Immunocompromised states related to weakened immune system due to conditions such as asplenia, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome or cancer/ steroid treatment; and
免疫力弱因情況如無脾、人類免疫力缺乏病毒感染／愛滋病或癌症／類固醇治療引致；及
- Chronic neurological conditions that can compromise respiratory functions or the handling of respiratory secretions or increase the risk for aspiration, or those who lack the ability to take care of themselves.
長期神經系統疾病致危及呼吸功能、難於處理呼吸道分泌物、增加異物入肺風險或欠缺自我照顧能力。

4. eHealth REGISTRATION 登記醫健通

☐ Vaccine recipient has already registered eHealth.
疫苗接種者已登記醫健通。

※eHealth 的登錄狀況をご記入ください

既に登録されている方は上の口にチェックを、まだ登録されていない方は下の口に印をいれてください

☐ Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part IV)
疫苗接種者未登記或不確定是否已登記醫健通。（請填寫第IV部份）

Part III 【Consent】**第三部分 【同意書】** ※同意書にお名前等をご記入ください☒ **CONSENT 同意**

I have read / been informed and fully understood my obligation and liability under this consent form (including the Undertakings and Declarations) and the Statement of Purpose of Collection of Personal Data, and **AGREE** for myself/ my child/ ward* to receive the Seasonal Influenza Vaccine/ Pneumococcal Vaccine. ※同意書と個人情報収集の目的に関する説明を読み、理解し、私自身/私の子供/被後見人がインフルエンザワクチン/肺炎球菌ワクチン接種する事に同意します。

本人已閱讀及完全理解此同意書中疫苗接種者的義務和責任及收集個人資料目的，及**同意**本人／本人子女／受監護者* 接種季節性流感疫苗／肺炎球菌疫苗。

Signature of Vaccine Recipient/ Parents/ Guardian*: ※署名

疫苗接種者／父母／監護人*簽署：

(or finger print if illiterate@):

Masako Kato

(如不會讀寫@，請印上指模)

Relationship with Vaccine Recipient 與疫苗接種者關係：
(If applicable 如適用)☐ Father 父 ☒ Mother 母 ☐ Guardian 監護人**Name of Vaccine Recipient/ Parents/ Guardian*:** ※接種する方の氏名

疫苗接種者／父母／監護人*姓名： Hanako Kato

Contact Telephone No.: ※連絡先電話番号

聯絡電話號碼： 1234 5678

Date of Signature: ※日付

簽署日期：

26/09/2025

@Witness shall complete the following if the vaccine recipient has mental capacity but is illiterate:**@如疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料：**

This document has been read and explained to the vaccine recipient in my presence.

本人見證此同意書已在疫苗接種者面前朗讀及解釋。

Signature of Witness:

見證人簽署：

Name of Witness:

見證人姓名：

Hong Kong Identity Card No. 香港身份證號碼：

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

(只要英文字母及首 3 個數字)

						X	X	X	(X)

Contact Telephone No.:

聯絡電話號碼：

Date of Signature:

簽署日期：

Part IV 【Consent to Register eHealth】**第四部分 【登記醫健通同意書】**

※eHealthに登録していない方または登録状況が不明な方はこちらに印をしてください (18歳異常の方の同意と署名)

The following part is applicable to a person who has not registered with eHealth, or is unsure of his or her eHealth registration status
未登記醫健通人士，或不確定是否已登記醫健通人士，請填寫下列部分

eHealth registration is a prerequisite for all vaccine recipients aged 18 or above 所有 18 歲或以上的疫苗接種者必須登記醫健通

To be completed and signed by vaccine recipient aged 18 or above 由 18 歲或以上疫苗接種者填寫及簽署

※私はeHealthの「参加者情報通知書」および「個人情報収集の声明」を読み理解し、同意します。認可された医療提供者が

記録と医療目的で共有することに同意します。

☒ I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and I **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及**同意**本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

Signature of Vaccine Recipient:

疫苗接種者簽署： ※署名

Mobile Number for receiving system notifications

(with prefix 4/ 5/ 6/ 7/ 8/ 9):

※携帯番号

手提電話號碼以收取系統通知

(號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭):

Date of Signature:

簽署日期： ※日付

To be completed and signed by vaccine recipient between the age of 16 and less than 18 years

由年齡介乎 16 至未滿 18 歲疫苗接種者填寫及簽署

※16歲以上18歲未滿的接種者的同意と署名

※私はeHealthの「参加者への案内」と個人情報収集に関する声明を読み、理解しました。健康記録の取得、共有できるようにeHealthへの登録に同意します。

☒ I agree 同意
I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and I **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.

<p>本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <input checked="" type="checkbox"/> 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。 ※同意されない方はこちらに印をいれてください。</p> <p><input type="checkbox"/> I disagree 不同意 I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and I <input type="checkbox"/> DISAGREE to register with eHealth.</p> <p>本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 <input type="checkbox"/> 不同意 本人登記參加醫健通。</p>				
<p>Signature of Vaccine Recipient: 疫苗接種者簽署： ※署名</p>	<p>Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9): 手提電話號碼以收取系統通知 (號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭)： ※携帯番号</p>	<p>Date of Signature: 簽署日期： ※日付</p>		
<p>To be completed and signed by the Substitute Decision Maker (e.g. parent or guardian) (Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.) 由代決人（例如家長或監護人）填寫及簽署（只適用於十六歲以下兒童，或十六歲或以上但無能力自行給予同意的人士。所有18歲或以上的疫苗接種者必須登記醫健通，否則不符合資格接種疫苗。）</p> <p>※保護者、代理意思決定者が署名すること（ワクチン接種者が16歳以上、未満であっても同意能力がない場合は該当、18歳以上は登録しないと接種対象外となります）</p> <p><input type="checkbox"/> I agree 同意 I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and on behalf of the healthcare recipient (HCR) <input type="checkbox"/> AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share the HCR’s eHealth records for healthcare purposes. ※eHealthを読み理解しました。同意して認可された医療提供者が医療目的に記録を共有できることに同意します。 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 <input type="checkbox"/> 同意 登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。</p> <p><input type="checkbox"/> I disagree 不同意 ※eHealthの説明を読み、理解しました。医療受給者（HCR）に代わってeHealthへの登録に同意しません。 I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth and on behalf of the healthcare recipient (HCR) <input type="checkbox"/> DISAGREE to register with eHealth.</p> <p>本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 <input type="checkbox"/> 不同意 登記參加醫健通。</p>				
<p>Substitute Decision Maker's Surname in English: 代決人英文姓氏： ※決定者の英語での姓</p>	<p>Substitute Decision Maker's First Name in English: 代決人英文名： ※決定者の英語での名</p>	<p>Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9): 代決人手提電話號碼（號碼以 4 / 5 / 6 / 7 / 8 / 9 開頭）： ※決定者の携帯番号</p>		
<p>Substitute Decision Maker's HK Identity Card No.: 代決人香港身份證號碼： ※決定者の香港ID番号</p>	<p>For non HK Identity Card holder, please fill in information of other identity document 如非香港身份證持有人，請填寫其他身份證明文件資料 ※IDカードがない場合の他の書類</p> <table border="1"> <tr> <td> <p>Document Type: 證明文件類別： ※書類の種類 例えばパスポート</p> </td> <td> <p>Document No.: 證件號碼： ※パスポートをご利用の場合は パスポート番号</p> </td> </tr> </table>		<p>Document Type: 證明文件類別： ※書類の種類 例えばパスポート</p>	<p>Document No.: 證件號碼： ※パスポートをご利用の場合は パスポート番号</p>
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<p>Relationship with Vaccine Recipient: ※ワクチン接種者との関係 與疫苗接種者關係：</p> <p><input type="checkbox"/> Vaccine recipient aged under 16 疫苗接種者為十六歲以下兒童 ※接種者が16歳未満の場合 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * 家長／家人／同住人士／根據《未成年人監護條例》委任的監護人／獲法院委任的人*</p> <p><input type="checkbox"/> Vaccine recipient aged 16 or above but incapable of giving consent 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court * 家人／同住人士／根據《精神健康條例》委任的監護人／社會福利署署長或根據《精神健康條例》委任的監護人／獲法院委任的人* ※接種者が16歳以上で同意能力がない場合</p>				
<p>Signature of Substitute Decision Maker: 代決人簽署： ※決定者の署名</p>	<p>Date of Signature: 簽署日期： ※日付</p>			