

FOR PERSONS AGED BELOW 65 YEARS

**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 vaccine concerned 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		Date of Vaccination	
Place of Vaccination			

Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)

<input type="checkbox"/> Inactivated Influenza Vaccine (Injectable) <input type="checkbox"/> Live Attenuated Influenza Vaccine (Nasal Spray)	<p>ALL persons aged 9 or above:</p> <input type="checkbox"/> The only dose for this season
	<p>Children under the age of 9 but have received Seasonal Influenza Vaccination in previous seasons:</p> <input type="checkbox"/> The only dose for this season
	<p>Children under the age of 9 but have <u>NEVER</u> received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):</p> <input type="checkbox"/> The first dose for this season <input type="checkbox"/> The second dose for this season

Eligibility Statement (Put a "✓" in the most appropriate box and * delete as appropriate.)

I confirm that **my child is / ~~my ward is~~** * a Hong Kong resident and that:

I am pregnant
Confirmation of pregnancy by attending enrolled doctor: _____
Attending Enrolled Doctor's Signature

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 (*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" : physical card electronic version^

^Confirmation of possessing the Registration Card (electronic version) by attending enrolled doctor: _____
Attending Enrolled Doctor's Signature

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 except the electronic version of Registration Card for People with Disability)

I am / My child is / ~~My 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*)

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide ~~my/my child's/my ward's~~ personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”. I hereby give consent to the doctor to transfer and release ~~my/my child's/my ward's~~ personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether ~~I have/my child has/my ward~~ has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read ~~my/my child's/my ward's~~ personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] stored in the chip embodied in ~~my/my child's/my ward's~~ Smart Identity Card for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”.
4. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (b) for statistical and research purposes;
 - (c) for receiving vaccination information provided by the Government; and
 - (d) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The Department of Health may disclose/obtain personal data and records of ~~you / your child /-your ward~~ to/from the Government bureaux / departments concerned for the purpose of verifying your eligibility under Vaccination Subsidy Scheme.
4. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

Classes of Transferees

5. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

Access to Personal Data

6. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

Enquiries

7. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
Executive Officer (Vaccination Subsidy Scheme)

Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon / Telephone No.: 2125 2125