

Consent Form
Seasonal Influenza Vaccination
Government Vaccination Programme 2023/2024
Student Health Service
Department of Health

For Staff only GVP Reference No:

Note: Please complete this consent form for each and every seasonal influenza vaccination in BLOCK letters using black or blue pen.

Please read the information sheet about the seasonal influenza vaccination before you sign this form. Put a “✓” in the most appropriate box “”.

* delete as appropriate

I consent my child/ ward* to receive Seasonal Influenza Vaccination with details as follows:

<p>For children</p> <p>(i) aged 6 years to under 9 years who have received Seasonal Influenza Vaccination in previous seasons ; or</p> <p>(ii) aged 9 years to under 18 years; or</p> <p>(iii) aged 18 years or above but still attending a secondary school in Hong Kong:</p> <p><input type="checkbox"/> The only dose of Seasonal Influenza Vaccination this season</p>
<p>For children aged 6 years to under 9 years who have never received Seasonal Influenza Vaccination in previous seasons:</p> <p><input type="checkbox"/> The first dose of Seasonal Influenza Vaccination this season</p> <p><input type="checkbox"/> The second dose of Seasonal Influenza Vaccination this season</p>

Eligibility statement

I confirm that my child/ ward* is:

(i)	<input type="checkbox"/> from a family receiving Comprehensive Social Security Assistance (CSSA) <input type="checkbox"/> holding a valid Certificate for Waiver of Medical Charges <i>(Please provide the valid document(s))</i>
and that he/ she* is :	
(ii)	<input type="checkbox"/> between the age of 6 years and less than 18 years <input type="checkbox"/> 18 years or above but still attending a secondary school in Hong Kong <i>(Please provide a copy of the student handbook/student card)</i>

**The personal details of my child/ ward* (the Seasonal Influenza Vaccine recipient)
(as indicated on his/her identity document):**

Name: (English) _____, _____ (Chinese) _____
(surname) (given name) (surname) (given name)

Date of Birth: ____/____/____
(dd)/(mm)/(yyyy)

Sex: Male/ Female*

Type of identity document: The Hong Kong Birth Certificate
 The Hong Kong Identity Card
 The Hong Kong SAR Re-entry Permit
 Others *(please specify)* _____

The document no.: _____

Please provide the following information:

1. Does your child/ ward* have any severe allergic reaction to eggs?
 Yes No

2. Does your child/ ward* have any history of severe allergic reaction to a previous dose of any influenza vaccine or any vaccine components (e.g. antibiotic, disinfectant or preservative)?
 Yes (*please indicate*) _____ No

3. Does your child/ ward* have any history of bleeding disorder?
 Yes No

4. Is your child/ ward* taking Warfarin or other anticoagulants?
 Yes No

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my child's/ 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 staff to transfer and release my child's/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government.
3. This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of the Hong Kong Special Administrative Region.
4. I have read this consent form carefully and fully understood my obligations and liability under this consent form and the Statement of Purpose of Collection of Personal Data.

Signature of parent/ guardian: _____

Name of parent/ guardian (in English): _____

Relationship: Father Mother Guardian

Contact Telephone No.: _____

Date: _____

Statement of Purpose

Purpose of Collection

1. The personal data are provided by clients with whom the Department of Health (DH) interacts in the delivery of the services, and other related activities. The personal data provided will be used by DH for validation of authenticity of identity for the following purposes:
 - a. Proof of eligibility;
 - b. Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters;
 - c. Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
 - d. Consent for particular treatments / tests;
 - e. Tracking of payment;
 - f. Suspected outbreak investigation;
 - g. For notification of tuberculosis or other disease reportable/ notifiable for public health purposes;
 - h. Tracing defaulters for follow-up / treatment;
 - i. Record of enrolment / management;
 - j. For preparing statistics and accounting reports, epidemiological surveillance, carrying out research or teaching purpose;
 - k. Audit purpose; and
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.
- ☆ The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive free seasonal influenza vaccination service from the Government.

Classes of Transferees

3. The personal data you provide are mainly for use within the DH but the information may also be disclosed to other Government bureaux/departments or, relevant parties for the purposes stated in paragraphs 1 and 2 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

4. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and principle 6 of schedule 1 of the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

Enquiries

5. Enquiries concerning the personal data provided, including the request for access and correction, should contact:

Student Health Service

Clerical Officer
4/F, Lam Tin Polyclinic,
99, Kai Tin Road, Kwun Tong,
Kowloon
Telephone no.: 3163 4600

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