

Consent Form
Seasonal Influenza Vaccination
Government Vaccination Programme 2026/2027
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:

For children

(i) aged 6 years to under 9 years who **have received** Seasonal Influenza Vaccination in previous seasons ; or

(ii) aged 9 years to under 18 years; or

(iii) aged 18 years or above but still attending a secondary school in Hong Kong:

☐ The only dose of Seasonal Influenza Vaccination this season

For children aged 6 years to under 9 years who have **never received** Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):

☐ The first dose of Seasonal Influenza Vaccination this season

☐ The second dose of Seasonal Influenza Vaccination this season

Eligibility statement

I confirm that my child/ ward* is:

(i)	☐ from a family receiving Comprehensive Social Security Assistance (CSSA)
	☐ holding a valid Certificate for Waiver of Medical Charges (Please provide the valid document(s))

and that he/ she* is :

(ii)	☐ between the age of 6 years and less than 18 years
	☐ 18 years or above but still attending a secondary school in Hong Kong (Please provide a copy of the student handbook/student card)

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
5. Is your child/ ward* fever on the day of vaccination?
☐ Yes ☐ No
6. Is your child/ ward* pregnant?
☐ Yes ☐ No
7. Is your child/ ward* immunocompromised?
☐ 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 Purposes

Student Health Service

Purpose of Collection

1. The personal data are provided by patients and 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 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, etc;
 - 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 public health purposes, such as notification of tuberculosis or other reportable / notifiable diseases;
 - 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;
 - l. For providing alert for public health emergencies; and
 - m. Promotion of health programmes and information.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

Classes of Transferees

2. The personal data you provide are mainly for use within the DH but they may also be disclosed to other Government bureaux / departments, the Hospital Authority or relevant parties for the purposes mentioned in para. 1 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

3. 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. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

Student Health Service
Clerical Officer
4/F, Lam Tin Polyclinic,
99, Kai Tin Road, Kwun Tong,
Kowloon
Tel: 3163 4600

Student Health Service
www.studenthealth.gov.hk



Health Programmes at
Student Health Service Centre
www.shs.gov.hk/healthprog.pdf

