



File Ref. no.: _____

DEPARTMENT OF HEALTH**衛生署****Application for Copy of Childhood Immunisation Record****索取兒童免疫接種記錄副本**

Please use this form if you apply for a printed copy or an electronic version of immunisation record with vaccines administered by Maternal and Child Health Centres (MCHCs), School Immunisation Teams (SIT) and Student Health Service (StdHS).

請使用此表格申請從母嬰健康院，學童免疫注射小組及學生健康服務接種疫苗的記錄副本或電子版接種疫苗記錄。

Applicant has to be 18 years old or above and the application must be made in his/her own capacity; if the Data Subject is under 18 years old, the application must be made by his/her parent or legal guardian.

申請人必須年滿十八歲及以個人名義提出申請；若記錄持有人仍未滿十八歲，必須由其父、母或法定監護人提出申請。

Please provide the Data Subject's information to facilitate the retrieval of the Childhood Immunisation Record: (please tick the appropriate box(es) and provide related information):

請提供兒童免疫接種記錄持有人資料，以便檢索有關記錄：（請於適用的方格內劃上「✓」號並提供相關資料）

Name of Data Subject

記錄持有人姓名

English 英文

Chinese 中文

Date of Birth

出生日期

Hong Kong Birth Certificate no.

香港出生證明書編號

HKID Card / other travel document no.

香港身份證 / 其他旅遊證件號碼

Gender

性別

M

男

F

女

Please fill in the following information and provide relevant proof documents if the data subject has changed his/her name when receiving services in the DH:

於衛生署接受服務期間，如記錄持有人曾更改姓名請填寫下列資料並提供相關證明文件：

Name held in past

過往姓名

English 英文

Chinese 中文

Changed in year

更改姓名年份

The Department of Health only accepts “Application for copy of Childhood Immunisation Record” for data subjects under 25 years old and data subjects vaccinated in the Department of Health.

衛生署只接受二十五歲以下及曾在本署接種疫苗的記錄持有人申請兒童免疫接種記錄。

Received immunisation in the following services (please tick the appropriate box(es) and provide related information):

曾於以下服務單位接受疫苗接種 (請於適用的方格內劃上「✓」號並提供相關資料) :

Family Health Service 家庭健康服務

Name of last attended MCHC

最後到診的母嬰健康院名稱

MCHC Record no.

母嬰健康院記錄編號

School Immunisation Teams 學童免疫注射小組

Primary 1 Name of School

小學一年級 學校全名

Class

班別

Year

年份

District

區域

to

年至

年

Primary 5 Name of School

小學五年級 學校全名

Class

班別

Year

年份

District

區域

to

年至

年

Primary 6 Name of School

小學六年級 學校全名

Class

班別

Year

年份

District

區域

to

年至

年

Student Health Service 學生健康服務

Name of Centre

中心名稱

Methods for Collection of Copy of Childhood Immunisation Record (Choose one only)

選擇領取兒童免疫接種記錄副本的方式 (只可選一項):

Collect a copy of Childhood Immunisation Record at the designated centre
親身到指定中心領取兒童免疫接種記錄副本

[Name of designated centre](#)
[指定中心名稱](#)

Receive an electronic Childhood Immunisation Record by email
透過電郵方式收取電子版兒童免疫接種記錄

Email address
電郵地址

Please read the following notes before signing the application form:

簽署申請表格前，請先閱讀下列事項：

1. Notes for application:

申請的注意事項：

The Department of Health only accepts “Application for copy of Childhood Immunisation Record” for data subjects under 25 years old and data subjects vaccinated in the Department of Health (DH).

衛生署只接受二十五歲以下及曾在本署接種疫苗的記錄持有人申請兒童免疫接種記錄。

- For those data subjects aged 21 to under 25 years old, only the record of vaccinations received in StdHS will be provided (if applicable).

但凡記錄持有人年齡為二十一歲至二十五歲以下，只能提供其於學生健康服務接受疫苗接種的記錄副本 (如適用)。

- MCHCs only keep the Childhood Immunisation Record until the data subject reaches 21 years old.

母嬰健康院只保存兒童免疫接種記錄至持有人二十一歲。

- SIT does not retain the original or photocopy of Childhood Immunisation Record Card of individual data subject. We will only re-issue record of immunisation according to internal records, which include vaccination provided by SIT since school year 2004/05. These records will be kept until the data subject reaches the age of 21.

學童免疫注射小組並沒有保留已發給個別學童的免疫接種記錄（針卡）的正本或副本，我們只根據內部資料補發免疫接種記錄。本組存有 2004/05 學年或以後由本組為學童提供的免疫接種記錄，而這些記錄將會保存至持有人年滿二十一歲。

- Applicant will be charged a fee (HK\$160) for a doctor certified true copy or an electronic record (including the electronic signature of a doctor) of Childhood Immunisation Record.
申請醫生認證的免疫接種記錄副本或電子記錄(包括醫生的電子簽署)費用為港幣\$160。
- The information you provided will be used for the processing of your application for access to personal data.
你所提供的資料，將用於處理有關申請索取個人資料的事宜上。

2. Application procedures:

申請程序：

- Applicant could download the [application form](#) from the website of the Department of Health or submit an [online application](#) by using My GovHK.
申請人士可到衛生署的網頁下載[申請表格](#)或透過政府一站通提交[有關申請](#)。

Please provide the following documents (either original or photocopy) upon submission of the application form:

- Birth certificate and HKID card* (if available) of the data subject**
- HKID card* of the applicant**
- Documentary evidence showing the relationship between the applicant and the data subject if the applicant's name is not shown on the birth certificate**
- Official document (e.g. Deed Poll) supporting the change if the personal data of the data subject has been changed**

*** Valid travel document if HKID is not available**

提交申請表時，請一併提供以下文件（正本或副本）：

- 記錄持有人的出生證明書及香港身份證*（如有）
 - 申請人的香港身份證*
 - 若申請人的姓名沒有顯示於記錄持有人的出生證明書上，須提供有顯示申請人與記錄持有人關係的證明文件
 - 如記錄持有人的個人資料曾作更改，必須出示相關證明文件（如：改名契）
- * 如沒有香港身份證，請出示有效旅遊證件

You may be asked to provide additional information to help us process your application.
你或須提供更多資料，以協助我們處理你的申請。

- The completed application form and the relevant documents can be submitted by the following methods:

請填妥申請表格後，連同有關文件，可使用以下方式提交申請：

- (a) Submit the completed application form and relevant documents to the services under the DH in-person or by post
親身或郵寄到衛生署所屬的服務單位以提交填妥的申請表和有關文件

Relevant service addresses are listed on the following websites or as follows:

有關服務的地址已列於以下網頁或如下：

MCHC 母嬰健康院	English: http://s.fhs.gov.hk/d5fqn 中文： http://s.fhs.gov.hk/4oto8
SIT 學童免疫注射小組	Tsuen Wan Office: 2/F, 115 Castle Peak Road, Tsuen Wan 荃灣辦事處：新界荃灣青山公路115號2樓
StdHS Centre 學生健康服務中心	English: https://www.studenthealth.gov.hk/english/centre/centre.html 中文： https://www.studenthealth.gov.hk/tc_chi/centre/centre.html

(b) Submit the completed application form and relevant documents by email to dh_vac_copy@dh.gov.hk
電郵填妥的申請表和有關文件到 dh_vac_copy@dh.gov.hk

(c) Submit the [online application](#) form by using My GovHK
透過政府一站通提交 [有關申請](#)

- Please make a copy of this application form for your personal keeping if necessary.
如有需要，請自行影印此申請表格，以作保管。
- The DH will inform you of the result within 30 working days once received your application form.
本署收到申請表格後會於30個工作天內通知你有關結果。
- If you choose to collect the copy of Childhood Immunisation Record at a designated centre, upon notification, the document must be collected within 3 months. Otherwise, the application will be closed and all submitted documents will be destroyed without further notice. The document can be collected by the applicant in person or by an authorised representative (please fill in the “Authorisation” in page 7) and provide related identity document upon collection.

如你選擇到指定中心領取兒童免疫接種記錄副本，收到本署通知後，所申請的文件必須於三個月內領取，否則有關申請將會終止，所有提交的文件將被銷毀，不會另行通知。申請人可親自或授權他人領取（請填寫頁7的 [授權書]）及於領取時出示有關的證件。

Payment should be made by the following means upon collection of the document:
請於領取文件時按以下方式繳交費用：

MCHC 母嬰健康院	Cash or Octopus 現金或八達通
StdHS Centres 學生健康服務中心	
SIT 學童免疫注射小組	Faster Payment System or Payment at Convenience Stores 轉數快或便利店繳付

- If you choose to collect the copy of Childhood Immunisation Record by email, the DH will send you a notification email with payment notes (General Demand Notes) for payment. For details on payment methods, please visit [this website](#). If you fail to pay the payment within the expired date, the application will be closed and all submitted documents will be destroyed without further notice. The DH will send the copy of Childhood Immunisation Record to your email address after receiving your payment.
如你選擇以電郵方式收取電子版兒童免疫接種記錄，衛生署會發電郵通知你付款（一般繳款單）。有關付款方法，請瀏覽 [此網頁](#)。如你未能於有效期內繳費，有關申請將會終止，所有提交的文件將被銷毀，不會另行通知。收到你的繳費後，本署會電郵接種記錄到你所提供的電郵地址。

I have read and understood the above notes (please tick the box on the left).

本人已閱讀並明白以上注意事項（請於方格內劃上「✓」號）。

I declare that I have the custody of data subject _____ . (if applicable)

本人聲明對記錄持有人_____擁有管養權。（如適用）

Particulars of Applicant 申請人資料：

Name of Applicant

申請人姓名

English 英文

Chinese 中文

HKID Card /other travel document no.

香港身份證 / 其他旅遊證件號碼

Relationship to Data Subject

與記錄持有人關係

Hong Kong Correspondence Address

香港通訊地址

Email Address

電郵地址

Hong Kong Daytime Contact Number

香港日間聯絡電話號碼

Signature of Applicant

申請人簽署

Date

日期

Authorisation for Collection of Copy of Childhood Immunisation Record

領取兒童免疫接種記錄副本授權書

Please read the following notes carefully before completing this form:

填寫本表格前，請詳閱下列說明：

1. The copy of Childhood Immunisation Record contains personal information. Please select your representative carefully, e.g. a close relative.
因兒童免疫接種記錄副本包含個人資料，故請小心選擇代取人，例如近親。
2. The signature of the authorisation must be identical to the signature on the application form.
授權書和申請書上的簽署式樣必須相同。
3. The authorised person must be aged 18 or above. He/she needs to sign the acknowledgement of receipt and provide the following upon collection of the document applied:
代取人必須年滿十八歲，並須於領取所申請的文件時填寫確認簽收書及出示以下證件：
 - his/her valid proof of identity e.g. Hong Kong identity card or travel document.
其有效的身份證明文件，例如香港身份證或旅遊證件。
 - copy of valid proof of identity of the applicant.
申請人的身份證明文件副本。

I, _____, authorise *Mr / Mrs / Miss / Ms _____,
holder of *Hong Kong identity card / travel document number _____, phone
number _____ to collect the copy of Childhood Immunisation
Record of _____ on my behalf.

本人 _____，授權 _____ *先生／太太／小姐／
女士，即香港身份證或旅遊證件 _____ 號的持有人，電話號碼為 _____，
代本人領取 _____ 的兒童免疫接種記錄副本。

Name of applicant
申請人姓名 _____

Signature of applicant
申請人簽署 _____

*delete as appropriate 請刪除不適用者

Date 日期 _____

To be completed by staff 職員填寫：

Date of application received:	Name & Signature:
Date of notification:	Name & Signature:
Date of *completion/withdrawal:	Name & Signature:

Acknowledgement of Receipt 收件確認：

Date of receipt
收件日期 _____

Name & Signature of recipient
收件人姓名及簽署 _____

Name & Signature of witness (staff)
見證人（職員）姓名及簽署 _____