



## DEPARTMENT OF HEALTH

### 衛生署

#### 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 produce 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。

#### Authorisation 授權書

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。

\*delete as appropriate 請刪除不適用者

Name of applicant

申請人姓名

\_\_\_\_\_

Signature of applicant

申請人簽署

\_\_\_\_\_

Date

日期

\_\_\_\_\_