

- Please complete in BLOCK LETTERS using black or blue ball pen and put “✓” into the appropriate box(es) and * delete as appropriate. 請用黑色或藍色原子筆以正楷填寫，並在適當的 ☐ 內加上「✓」號及 * 刪除不適用選項。
- Part I and Part II (CONSENT TO ADMINISTRATION OF HPV VACCINATION) should be completed and signed by parents / guardian if vaccine recipient is aged below 18. Otherwise, it should be completed by the vaccine recipient. Please read the information on HPV Vaccines and Collection of Personal Data - Statement of Purposes carefully.
如疫苗接種者未滿 18 歲，第一部分及第二部分（接種同意書）須由父母/監護人填寫及簽署，否則應由疫苗接種者填寫及簽署。請仔細閱讀人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明。
- Part III (CONSENT TO REGISTER eHealth) should be completed and signed by Substitute Decision Maker if the vaccine recipient is aged below 16 or aged 16 or above but incapable of giving consent. Otherwise, it should be completed by the vaccine recipient. Please read the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully.
如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士，第三部分（登記醫健通同意書）須由代決人填寫及簽署，否則應由疫苗接種者填寫及簽署。請仔細閱讀醫健通資料，包括參與者須知及收集個人資料聲明。
- A consent form is required for each dose of vaccination. Completed form should be returned to school/ designated centre.
須就接種每一劑疫苗簽署一份同意書，並於填妥後交回學校/指定中心。

第一部分 【疫苗接種者資料】

Vaccine Recipient's Full Name (as indicated in identity document) 疫苗接種者姓名 (請依照身份證明文件填寫)

Surname CHAN

姓[中文]: 陳

First Name SIU LAI

名[中文]: 小藥

Date of Birth 出生日期: 01 DD/ 09 MM/ 2008 YYYY

Please fill in information based on (i) or (ii) below: 請填寫以下 (i) 或 (ii)

(i) Hong Kong Identity Card No. 香港身份證號碼:

2 333333 (3)

(ii) Other Identity Document, please specify:

其他身份證明文件，請註明：

Document Type 類別:

Document No. 號碼: _____

MUST attach a copy of the document to this consent form

並必須隨同意書附上該身份證明文件的副本

(If applicable 如適用)

School Name 學校名稱: 東華三院黃振雲紀念中學 Class 班別: 5F Class No. 班號: 4

Has the vaccine recipient received Human Papillomavirus vaccination in the past? 疫苗接種者是否曾經接種人類乳頭瘤病毒疫苗?

☐ No 否

☒ Yes 是. Already had 已接種 1 dose (/doses) 劑

Last vaccination date 最近一次接種日期: 02 MM(月) / 2025 YYYY(年)

☒ **Can submit** immunisation records of the vaccine recipient for checking (pertaining to HPV vaccination or not).
 接種當日會提供接種記錄(針卡)給接種隊職員查閱(不論是否曾經接種人類乳頭瘤病毒疫苗)。

☐ **Cannot submit** any immunisation records of the vaccine recipient but **still agree to receive the vaccine**. (Please apply for reissue of immunisation record if lost.) 未能提供接種記錄(針卡),但仍同意接種此疫苗。(如遺失,請盡快補領)

Is the vaccine recipient an immunocompromised person? 疫苗接種者是否免疫力弱人士?

☒ No 否

☐ Yes 是. I can submit written documentation. 能提供相關書面證明。

☒ Vaccine recipient has already registered eHealth. (please fill in Part II).

疫苗接種者已登記醫健通計劃。(請填寫第二部份)

☐ Vaccine recipient has not registered or is unsure of her eHealth registration status. (please fill in Part II and III)

疫苗接種者未登記或不確定是否已登記醫健通。(請填寫第二及第三部份)

Part II 【Consent/ Refusal of Vaccination】

第二部分 【接種同意書/不同意書】

1. CONSENT TO ADMINISTRATION OF HPV VACCINATION 接種同意書

☒ CONSENT 同意

I have read and understood this document and the attached information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, including persons/ conditions not suitable for receiving HPV vaccine, and AGREE for myself/ my child/ ward* to receive the HPV vaccine (1st /2nd / 3rd dose ^{Note})* as arranged by the Department of Health (DH) and for school to release the related information to the vaccination team arranged by the DH for verification where applicable/ necessary. I agree for myself/ my child/ ward* to register eHealth if the vaccine recipient has not yet registered. If verification shows that she has not yet registered, the vaccine recipient/ parents/ guardian agrees to provide further information of the vaccine recipient to the Department of Health/authorised healthcare providers and consent for eHealth registration of the vaccine recipient.

[Note: DH will arrange eligible females to receive two doses of HPV vaccine. The 2nd dose of HPV vaccine will be provided within 5-13 months after the 1st dose. For those who are immunocompromised / with valid referral letter, three doses of HPV vaccine will be provided in the designated centre. The 2nd dose and 3rd dose will be arranged at 1 month and 6 months after the 1st dose.]

本人已閱讀及明白本檔及隨附有關人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明，包括不宜接種人類乳頭瘤病毒(HPV)疫苗的人士/ 情況，及 同意 本人/ 小女/ 受監護者* 接種衛生署安排之人類乳頭瘤病毒疫苗（第一劑/ 第二劑/ 第三劑^註），並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用（如適用/ 有需要）。如疫苗接種者並未登記醫健通，本人/ 小女/ 受監護者* 同意登記醫健通。若經核證後發現疫苗接種者並未登記醫健通，疫苗接種者/ 家長/ 監護人同意向衛生署/ 獲授權的醫護機構提供疫苗接種者的進一步資料及同意疫苗接種者登記醫健通。

[註：本署會安排合資格接種 HPV 疫苗的女生接種共兩劑疫苗，並在完成第一劑疫苗後 5-13 個月內，安排為其接種第二劑疫苗。免疫力弱/ 持有效轉介信的女生，則會獲安排於指定中心接種共三劑疫苗，第二劑和第三劑疫苗會安排在其完成第一劑疫苗後 1 及 6 個月接種。]

☐ REFUSE 不同意

I have read and understood this document and the information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, and DISAGREE for myself/ my child/ ward* (filled information in part I) to receive the HPV vaccine as arranged by the Department of Health (DH) due to:

本人已閱讀及明白本檔及隨附的人類乳頭瘤病毒(HPV)疫苗接種資料的內容及收集個人資料的用途聲明，及 不同意 本人/ 小女/ 受監護者*（第一部分已填寫的資料）接種衛生署安排之人類乳頭瘤病毒(HPV)疫苗，原因是：

- ☐ Fully vaccinated with HPV vaccines 已完成人類乳頭瘤病毒疫苗接種
- ☐ With a history of serious allergic reaction to any of the vaccine components, or following a previous dose of HPV vaccine 對人類乳頭瘤病毒疫苗或其成份曾有嚴重的過敏反應
- ☐ With a history of severe allergic reaction to yeast (used in baking bread) 對酵母（製麵包的其中一種材料）曾有嚴重過敏反應
- ☐ Currently pregnant 現正懷孕
- ☐ Worried about adverse effects 擔心不良反應
- ☐ Others 其他 (please specify 請註明: _____)

Signature of Vaccine Recipient/ Parents/ Guardian*:

疫苗接種者/ 家長/ 監護人* 簽署:

Relationship with Student 與學生關係: (If applicable 如適用)

☐ Father 父 ☐ Mother 母 ☒ Guardian 監護人

Name of Vaccine Recipient/ Parents/ Guardian*:

疫苗接種者/ 家長/ 監護人* 姓名:

Contact Number 聯絡電話:

Date of Signature 簽署日期:

Part III 【Registration of eHealth】

第三部分 【登記醫健通】

The following part is ONLY applicable to those who have not registered eHealth 下列部分僅供未登記醫健通人士填寫

☒ I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I/ on behalf of the healthcare recipient (HCR) AGREE to register with eHealth, which enables authorised healthcare providers to access and share the HCR's eHealth records for healthcare purposes.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 同意 本人/ 代表醫護接受者登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

由16歲或以上疫苗接種者填寫及簽署 Completed and signed by vaccine recipient aged 16 or above			
Signature of Vaccine Recipient: 疫苗接種者簽署:		Mobile Number for receiving system notifications: 手提電話號碼以收取系統通知: 香港電話號碼	
Date of Signature 簽署日期:			
由代決人(即家長或監護人)填寫及簽署 (只適用於十六歲以下兒童/ 年滿十六歲但無能力自行給予同意的人士) Completed and signed by Substitute Decision Maker (SDM) (i.e. parent or guardian) (Only applicable to vaccine recipient aged under 16/ aged 16 or above but incapable of giving consent)			
SDM's Surname in English: 代決人英文姓氏:	SDM's Given Name in English: 代決人英文名:	SDM's Contact Telephone Number: 代決人聯絡電話號碼:	Mobile Number for receiving system notifications: 手提電話號碼以收取系統通知:
SDM's HK Identity Card No.: 代決人香港身份證號碼:	For non HK Identity Card holder, please fill in information of other identity document. 如非香港身份證持有人, 請填寫其他身份證明文件資料		
	Document Type 證明文件類別	Document No. 證件號碼	
Relationship with Vaccine Recipient 與疫苗接種者關係			
☐ Vaccine recipient aged under 16 疫苗接種者為十六歲以下兒童 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * 家長/ 家人/ 同住人士/ 根據《未成年人監護條例》委任的監護人/ 獲法院委任的人*			
☐ Vaccine recipient aged 16 or above but incapable of giving consent 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance / Director of Social Welfare appointed under Mental Health Ordinance / Person appointed by court * 家人/ 同住人士/ 根據《精神健康條例》委任的監護人/ 社會福利署署長或根據《精神健康條例》委任的監護人/ 獲法院委任的人*			
Signature of SDM: 代決人簽署:		Date of Signature: 簽署日期:	

Part IV To Be Filled In By The Healthcare Worker Providing The Vaccination 第四部分 以下資料只由提供疫苗接種的醫護人員填寫	
☐ First Dose 第一劑 ☐ Second Dose 第二劑 ☐ Third Dose 第三劑 (only for individuals who are immunocompromised / with valid referral letter 只適用於免疫力弱 / 持有效轉介信的人士)	
☐ HPV vaccination was provided to the vaccine recipient 已為接種者接種人類乳頭瘤病毒(HPV)疫苗	
☐ HPV vaccination was NOT provided to the vaccine recipient due to: 沒有為接種者接種人類乳頭瘤病毒疫苗, 原因是: ☐ absent from school 缺課 ☐ vaccination refused 拒絕接種 ☐ discomfort 身體不適 ☐ others 其他 (please specify 請註明: _____)	
Signature of Vaccination Staff 接種職員簽署:	
Name of Enrolled Doctor 已配對醫生姓名:	
Date of Vaccination 接種日期:	

Collection of Personal Data - Statement of Purposes

收集個人資料的用途聲明

Statement of Purpose of Collection of Personal Data

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (i) confirm vaccine recipients' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Human Papillomavirus (HPV) Vaccination activities, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
 - (iii) for statistical and research purposes; and 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 provision of personal data is voluntary. If you do not provide sufficient information, you/ your child/ ward may not be able to receive vaccination.

Classes of Transferees

4. 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

5. 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

6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to: Executive Officer, Programme Management and Vaccination Division, Centre for Health Protection, Room 429, 4/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

收集個人資料目的

1. 所提供的個人資料，會供政府作下列一項或多項用途：
 - i. 確認疫苗接種者身份。開設、處理及管理醫健通（資助）戶口，接種費付款，及執行和監察 HPV 疫苗接種活動，包括但不限於通過電子程式與入境事務處的數據核對；
 - ii. 作為醫療檢查、診斷研究、化驗結果、跟進治療，並供其他專業醫護人員作參考之用；
 - iii. 作統計和研究用途；及作法例規定、授權或准許的任何其他合法用途。
2. 就是次疫苗接種作出的疫苗接種記錄，可給公營及私營醫護人員，作為決定及為服務使用者提供所需要的醫療服務的用途。
3. 提供個人資料乃屬自願性質。如果你不提供充分的資料，你/你的女兒/受監護者可能無法獲疫苗接種。

接受轉介人的類別

4. 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1 及 2 段所列收集資料的目的而向其他機構和第三者人士披露。

查閱個人資料

5. 根據《個人資料(私隱)條例》(香港法例第 486 章)第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

查詢

6. 如欲查閱或修改有關提供的個人資料，請聯絡：九龍亞皆老街147C四樓衛生防護中心項目管理及疫苗計劃科行政主任（電話：2125 2125）。