

Residential Care Home Vaccination Programme Vaccination Consent Form

Please complete the form and send to the responsible Visiting Medical Officer(s) of the residential care home for record at least **ten working days** before vaccination.

* Please insert a "X" in the appropriate box

Part A:

RCH Code

The personal details of recipient:

Name: (English) _____ , _____ (surname) (given name)	(Chinese) _____
Date of Birth: ____ / ____ / ____ (dd) (mm) (yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female *

Identity document (Please insert a “X” in the box and fill in the information of the document used by the recipient.)

Note: People aged 11 or above should fill in either Hong Kong Permanent Identity Card no. or Certificate of Exemption.

<input type="checkbox"/> Hong Kong Permanent Identity Card No. Date of Issue: ____ / ____ / ____ (dd/mm/yy) Chinese Code:	<div> <div> <div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>()</div> </div> <div> <div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
<input type="checkbox"/> Serial No. of the Certificate of Exemption: Reference No.: HKID No. shown on the Certificate: Date of Issue: ____ / ____ / ____ (dd/mm/yyyy)	<div></div> <div></div> <div> <div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>()</div>
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	<div> <div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>()</div>
<input type="checkbox"/> Hong Kong Re-entry Permit No.: Date of Issue ____ / ____ / ____ (dd/mm/yyyy)	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
<input type="checkbox"/> Document of Identity – Document No.: Date of Issue ____ / ____ / ____ (dd/mm/yyyy)	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) – Birth Entry No.: Permit to remain until: ____ / ____ / ____ (dd/mm/yyyy)	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>()</div>
<input type="checkbox"/> Non-Hong Kong Travel Documents No.: Visa / Reference No.:	<div></div> <div> <div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div> </div> <div>()</div>
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children – No. of Entry:	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>/</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>

Part B: Consent of Recipient

1. I _____, * ☐ resident ☐ boarder ☐ staff of residential care home for the
* ☐ elderly ☐ disabled, give consent to receive the vaccination below.
(Please insert a "X" in the appropriate box):
☐ Seasonal influenza vaccine ☐ 23-valent pneumococcal polysaccharide vaccine
2. The information provided in this consent form is correct. I agree that the Government may use the personal data in this consent form and the information provided to the healthcare professional during this visit for the purposes as set out in the Statement of Purpose.

Signature of recipient (or finger print if illiterate): _____

Date: _____

Complete this part only if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence.

Signature of witness: _____

Name of witness: _____

Hong Kong Identity Card No.: _____

Date: _____

Part C: Consent of Parent / Guardian (to be given by parent/guardian if recipient is aged below 18 or mentally-incapacitated)

1. I give my consent for _____, * ☐ resident ☐ boarder of residential care home for the * ☐ elderly ☐ disabled, to receive the vaccination below.

(Please insert a "X" in the appropriate box):

☐ Seasonal influenza vaccine ☐ 23-valent pneumococcal polysaccharide vaccine

For person aged 9 or below and have never received seasonal influenza vaccine before:

☐ First dose of Seasonal influenza vaccine ☐ Second dose of Seasonal influenza vaccine

2. The information provided in this consent form is correct. I agree that the Government may use the personal data in this consent form and the information provided to the healthcare professional during this visit for the purposes as set out in the Statement of Purpose.

Signature of Parent/Guardian (or finger print if illiterate): _____

Name of Parent/Guardian: _____

Relationship with the recipient: _____

Hong Kong Identity Card No.: _____

Date: _____

Complete this part only if Parent/Guardian is illiterate

This document has been read and explained to the Parent/Guardian in my presence.

Signature of witness: _____

Name of witness: _____

Hong Kong Identity Card No.: _____

Date: _____

Part D: Recipient's Parent / Guardian cannot be contacted

This residential care home has attempted but could not contact the Parent / Guardian of the recipient _____

Signature of Residential Care Home in charge: _____

Name of Residential Care Home in charge: _____

Hong Kong Identity Card No.: _____

Date: _____

However, the relative (Name _____) of the resident / boarder agreed with the provision of vaccination to the resident / boarder.

Signature of the relative: _____

Relationship with the recipient: _____

Hong Kong Identity Card No.: _____

Date: _____

☐ I (Name) _____ have read the Information Note on Seasonal Influenza and Pneumococcal Vaccination and Statement of Purpose of Data Collection.

Signature: _____ Date: _____

☐ I (Name of witness) _____ have explained the Information Note on Seasonal Influenza and Pneumococcal Vaccination and Statement of Purpose of Data Collection to illiterate resident/boarder/parent/Guardian.

Signature of witness: _____ Date: _____