

Consent Form for COVID-19 Vaccination

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Consent Form for COVID-19 Vaccination:

- **This consent form** is applicable to persons receiving **CoronaVac (Sinovac)** and persons **aged 12 or above receiving Comirnaty (BioNTech)**
- **A different consent form** is applicable to children receiving **FRACTIONAL dose of Comirnaty (BioNTech), including children aged between 5 and 11 years old and children who just turn 12 years with first dose given at 11 years; please refer to:**
https://www.covidvaccine.gov.hk/pdf/Consent_Form_for_Fractional_BioNTech_Vaccination_ENG.pdf

Please print and complete the form in BLOCK letters using black or blue pen and put a “✓” in appropriate boxes and *delete as appropriate.

Part 1. Personal Details of Vaccine Recipient (as indicated on identity document)

Name: _____, _____
 (English) (surname) (given name)

_____ (Chinese) (surname) (given name)

Date of Birth: ____/____/____ (DD/MM/YYYY)

Gender: _____

Contact number: _____ (mobile)

Hong Kong Identity Card No.:

____|____|____|____|____|____|____|____|____|____ ()

HKIC Symbol: A C R U

Date of Issue: ____/____/____ (dd/mm/yyyy)

OR Other identity document:

Document type: _____

Document number: _____

Part 2: Consent to Administration of COVID-19 Vaccination

I consent to (a) the administration of COVID-19 Vaccination to **me / my child / my ward** * under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of **my/ my child/ my ward's** * clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

Note: A consent form is required for each dose of vaccination.

Part 3: Particulars of COVID-19 Vaccination

Type and Dose Sequence of COVID-19 vaccination (Put a “✓” in the most appropriate box)		
<input type="checkbox"/> Comirnaty – mRNA Vaccine (BNT 162b2) (Fosun Pharma/ BioNTech)	<input type="checkbox"/> CoronaVac – Inactivated Vaccine (Vero Cell) (Sinovac)	
<input type="checkbox"/> First dose	<input type="checkbox"/> Second dose	<input type="checkbox"/> Others, please specify: _____ dose

Part 4 Declaration and Signature

A. To be completed by vaccine recipient who is aged 18 or above

I have read and I understood the information in the Vaccination Fact Sheet for the COVID-19 vaccine particularised in Part 3, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specified purpose for prevention of COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap. 138), and **agree** to receive the COVID-19 vaccine particularised in Part 3. I have had the opportunity to ask questions and all of my questions were answered to my satisfaction. I also fully understood my obligation and liability under this consent form and the Statement(s) of Purpose of Collection of Personal Data.

I confirm that by signing underneath, I consent to (a) the administration of COVID-19 Vaccination under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

I declare the information provided in this form is correct.

I agree to provide my personal data in this form for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”. I understand that the Government may contact me to verify the information and the arrangement of the vaccination.

For Smart Identity Card holder: I agree to authorise the Healthcare Providers / public officers to read my personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] saved in the chip embodied in my Smart Identity Card for the use by the Government for the purposes as set out in the “Statement of Purpose of Collection of Personal Data”.

This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

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

Date: _____

B. To be completed by parent / guardian only if vaccine recipient is aged below 18 / mentally incapacitated

I have read and I understood the information in the Vaccination Fact Sheet for the COVID-19 vaccine particularised in Part 3, including contraindications (and possible adverse events) of COVID-19 vaccination, the vaccine product is authorised under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specified purpose for prevention of COVID-19 infection but has not been registered under the Pharmacy and Poisons Ordinance (Cap. 138), and agree on behalf of my child / ward* to receive the COVID-19 vaccine particularised in Part 3. I have had the opportunity to ask questions and all of my questions were answered to my satisfaction. I also fully understood my obligation and liability under this consent form and the Statement(s) of Purpose of Collection of Personal Data.

I confirm that by signing underneath, I consent to (a) the administration of COVID-19 Vaccination to my child / my ward * under the COVID-19 Vaccination Programme (see particulars in Part 3); and (b) the access and use by the Department of Health and the relevant organisations collaborated with the Government (including the University of Hong Kong) of my child / my ward's * clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals for the purpose of continuously monitoring of the safety and clinical events associated with COVID-19 Vaccination by the Department of Health insofar as such access and use are necessary for the purpose.

I declare the information provided in this form is correct.

I agree to provide my/ my child / my ward's* personal data in this form for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I understand that the Government may contact me to verify the information and the arrangement of the vaccination.

For Smart Identity Card holder: I agree to authorise the Healthcare Providers / public officers to read my/ my child / my ward's* personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] saved in the chip embodied in my/ my child / my ward's* Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data".

This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

Signature of Parent / Guardian*: _____

Name of Parent / Guardian* (in English): _____

Relationship: _____

HKID/ Other Identity Document

- Document Type and Document No. of Parent/ Guardian*: _____

Contact Telephone No.: _____

Date: _____

C. Witness should complete the following if the vaccine recipient is illiterate

(Omit this Part if Part 4(B) has been completed.)

This document has been read and explained to the vaccine recipient in my presence. The vaccine recipient has been given an opportunity to ask questions.

Signature of Witness: _____

Name of Witness (in English): _____

Hong Kong Identity Card No.:

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 (X) (X) (X) (X)
(only the alphabet and the first three digits are required)

OR Other Identity Document

Document type: _____

Document number: _____

Contact Telephone No.: _____

Date: _____

To be completed by Healthcare Provider (Not required for Community Vaccination Centre)

eHS(S) Transaction No. <u>ONE TRANSACTION</u> <u>NUMBER ONLY</u> (if applicable)	T _____ - _____ - _____
Date of Vaccination	
Name of Doctor	

Statement of Purpose of Collection of Personal Data

The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to receive vaccination.

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) checking with relevant government departments and organisations on the status of receiving COVID-19 vaccine;
 - (b) informing relevant government bureaux or departments and organisations for arranging vaccination and follow up after the vaccination;
 - (c) for creation, processing and maintenance of an eHealth (Subsidies) account, and the administration and monitoring of the COVID-19 vaccination programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (d) transferring to the Department of Health and relevant organisations collaborated with the Government (including the University of Hong Kong) for continuous monitoring of the safety and clinical events associated with COVID-19 Vaccination under the COVID-19 Vaccination Programme;
 - (e) for statistical and research purposes;
 - (f) preventing, protecting against, delaying or otherwise controlling the incidence or transmission of the COVID-19 disease, including contact tracing; and
 - (g) any other legitimate purposes as may be required, authorised or permitted by law.

Classes of Transferees

2. The personal data you provided will be transferred to the Government and may also be disclosed by the Government to its agents, other organisations, and third parties for the purposes stated in paragraph 1 above, if required.

Access to Personal Data

3. 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

4. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
Executive Officer (Programme Management and Vaccination Division)
Address: Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon
Telephone No.: 2125 2045