

To whom it may concern
敬啟者

Date of issue of letter 發出日期

Medically Eligible for the Third Dose of COVID-19 Vaccination
因醫學理由符合接種第三劑 2019 冠狀病毒病疫苗資格

This is to certify that the following person
茲證明以下人士

Name 姓名
(as in identification document)
(如身分證文件) : _____

Date of Birth 出生日期
(Optional 可選擇是否填寫) : _____(DD/MM/YYYY)

Document Type & Number
證件種類及號碼
(Optional 可選擇是否填寫) :

HKID number 香港身份證號碼 _____

Passport number 護照號碼 _____

Others, please specify type and number
其他，請註明種類及號碼 _____

belongs to the specific group of immunocompromised persons (See Annex) and hence is considered eligible to receive the **third dose** of COVID-19 vaccines (Comirnaty (BioNTech) or CoronaVac (Sinovac)) at least 28 days after the second dose.

屬於特定組別的免疫力弱人士（見附頁），因此符合於接種第二劑最少28 天後，接種**第三劑** 2019 冠狀病毒病疫苗（復必泰 或 克爾來福）的資格。

The above assessment is made on _____[Date] with reference to the Consensus Interim Recommendation on the Use of COVID-19 Vaccines published by the Scientific Committee on Emerging and Zoonotic Disease and Scientific Committee on Vaccine Preventable Diseases, joined by the Chief Executive's expert advisory panel (JSC-EAP) on 27 October 2021, and remains valid for 6 months from the issue date of this certificate.

上述評估是根據新發現及動物傳染病科學委員會及疫苗可預防疾病科學委員會聯同行政長官專家顧問團於二零二一年十月廿七日發表的暫擬共識建議，於_____ [日期]進行，並有效直至此證明書發出日期後的六個月。

(_____)

Signature and Name of Registered Medical Practitioner
註冊醫生簽署及姓名

Immunocompromised Persons 免疫力弱人士

Group 類別	Details 詳情
Active cancer 現正患上癌症	Active immunosuppressive treatment for solid tumor or hematological malignancy (including leukaemia, lymphoma, and myeloma), or within 12 months of ending such treatment 正接受腫瘤或血癌（包括白血病、淋巴瘤和骨髓瘤）免疫抑制治療，或於結束此類治療12個月內
Transplant recipients 移植接受者	Receipt of solid-organ transplant and taking immunosuppressive therapy 曾接受器官移植並正接受免疫抑制治療 Receipt of stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy) 曾接受幹細胞移植 (於兩年內曾接受移植或免疫抑制治療)
Immunodeficiency 免疫缺陷病	Severe primary immunodeficiency 重度原發性免疫缺陷症 Chronic dialysis 正長期接受透析治療
HIV Infection 愛滋病病毒感染	HIV with a current CD4 cell count of <200 cells/μl, evidence of an opportunistic infection, not on HIV treatment, and/or with a detectable viral load 愛滋病病毒感染及現時CD4淋巴細胞指數少於每微升 200個細胞、有併發機會性感染、未接受愛滋病病毒治療和 / 或病毒載量可檢測到
Immunosuppressives 免疫抑制藥物	Active treatment causing significant immunosuppression, including high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents, tumor-necrosis factor (TNF) blockers, or other highly immunosuppressive drugs 正接受藥物治療導致顯著免疫抑制，包括高劑量皮質類固醇、烷化劑、抗代謝藥物、器官移植相關的免疫抑制藥物、癌症化療藥物、腫瘤壞死因子(TNF)抑制劑或其他重度免疫抑制藥物 Immunosuppressive chemotherapy or radiotherapy within the past 6 months 過去 6 個月內接受過免疫抑制性化療或放射治療
Other immunocompromised conditions, please specify / 其他免疫能力較低的情況，請註明: <hr/>	