

Part 2: Consent to Administration of COVID-19 Vaccination

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.

Part 3: Particulars of COVID-19 Vaccination

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

A. Type and Dose Sequence of COVID-19 vaccination (Put a “✓” in the most appropriate box)

CoronaVac – Inactivated Vaccine (Vero Cell) (Sinovac)				
<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose	<input type="checkbox"/> 3 rd dose	<input type="checkbox"/> 4 th dose	<input type="checkbox"/> Others, please specify: _____ dose

B. CoronaVac should not be given to persons with the following conditions

If the vaccine recipient has the following condition(s), please ✓ in the appropriate <input type="checkbox"/>.	Vaccine Recipient has the following condition(s):
● History of allergic reaction to CoronaVac or other inactivated vaccine, or any component of CoronaVac (active* or inactive* ingredients, or any material used in manufacturing process);	<input type="checkbox"/>
● Previous severe allergic reactions to the vaccine (eg, acute anaphylaxis, angioedema, dyspnea, etc.);	<input type="checkbox"/>
● Severe neurological conditions (eg, transverse myelitis, Guillain-Barré syndrome, demyelinating diseases, etc.);	<input type="checkbox"/>
● Uncontrolled severe chronic diseases; (Note: Common chronic diseases include diabetes, hypertension and coronary heart disease, etc. If your chronic disease is stable, you should receive the vaccine for protection because chronically-ill persons have a higher risk of serious illness or death from COVID-19 infection. If you are unsure about your condition, or if there is a recent change in your disease/ recent adjustment of drugs/ recent need for referral, etc, please discuss with your family doctor or attending doctor the appropriate time for vaccination.)	<input type="checkbox"/>

* Including inactivated SARS-CoV-2 Virus (CZ02 strain), aluminium hydroxide, disodium hydrogen phosphate dodecahydrate, sodium dihydrogen phosphate monohydrate, and sodium chloride.

Part 4: Declaration and Signature

To be completed by parent / guardian

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.

Additional information if the vaccine recipient is aged between 6 months and less than 3 years: I understand that the use of CoronaVac (Sinovac) Vaccine on children aged between 6 months and less than 3 years old is not listed in the approved package insert of the CoronaVac authorized under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K). This is an off-label use allowed in the Government programme under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap.599K) , having regard to the advice from panel(s) / committee(s) of experts appointed by the Government upon review of the current and anticipated epidemic situation, as well as the relevant efficacy and safety data available. The person who prescribes, dispenses or is responsible for the administering of the vaccine to my child / ward* acts in accordance with the Government’s direction in the Government programme.

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 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 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: _____

To be completed by Healthcare Provider (Not required for Community Vaccination Centre)		
	1st Dose	_____ Dose
eHS(S) Transaction No. <u>ONE TRANSACTION NUMBER ONLY</u> (if applicable)	T _____ - _____ - _____	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