

COVID-19 Vaccination Programme

If you have history of anaphylaxis, history of reactions to multiple classes of drugs, or have history of severe reactions to drugs, other allergens or any vaccines, please do not make your appointment and consult your family doctor or specialist in immunology and allergy. If you have chronic illnesses or are doubtful about the suitability for vaccination due to your medical illnesses, please do not make your appointment and consult your family doctor. Before online booking, please read carefully the Vaccination Fact Sheet, Electronic Health Record Sharing System (eHealth) Registration and Personal Information Collection Statement on the COVID-19 Vaccination Programme website (see Appendix), and the relevant leaflets of eHealth, and complete the following consent form.

Please put a "✓" inside "☐" below to indicate that you understand and agree the statements.

(A) Give Vaccination Consent

(a) I (and the carer) choose to vaccinate *CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated/Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for injection (**choose one vaccine only**) and have read the relevant Vaccination Fact Sheet (see Appendix) and understood:

I. CoronaVac COVID-19 Vaccine (Vero Cell), Inactivated	
1. What is CoronaVac and what it is used for	<input type="checkbox"/>
2. What you need to know before you receive CoronaVac	<input type="checkbox"/>
3. How CoronaVac is given	<input type="checkbox"/>
4. Possible side effects	<input type="checkbox"/>
5. Reporting of adverse events after immunization	<input type="checkbox"/>

OR

II. Comirnaty COVID-19 mRNA Vaccine (BNT162b2) Concentrate for Dispersion for Injection[#]	
1. What is Comirnaty and what it is used for	<input type="checkbox"/>
2. What you need to know before you receive Comirnaty	<input type="checkbox"/>
3. How Comirnaty is given	<input type="checkbox"/>
4. Possible side effects	<input type="checkbox"/>
5. Reporting of adverse events after immunization	<input type="checkbox"/>

[#] For persons who choose to vaccinate Comirnaty, if you are elderly with severe frailty (e.g. bedridden elderly in RCHE) especially those at most extreme age groups (such as those over 85 years old), please do not make your appointment and consult your family doctor. If you are less than 18 years old, please download and complete the consent for vaccination by parent/guardian at www.covidvaccine.gov.hk/pdf/Consent_Form_for_COVID19_Vaccination_ENG.pdf and bring it along to the vaccination centres.

- (b) I (and the carer) have read and understood the appended (A)I. / (A)II. information, including contraindications (and possible adverse events) in receiving COVID-19 vaccination. I (and the carer) have also fully understood his/her obligation and liability under this consent form.
- (c) I (and the carer) have read and understood the vaccine product is authorized under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for specific 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 documented COVID-19 vaccine.
- (d) I (and the carer) have consented the Department of Health and the relevant organizations collaborated with the Government (including the University of Hong Kong)'s access to and use of his/her personal data contained herein and his/her 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.

(B) Give Joining Consent to the Electronic Health Record Sharing System (eHealth)

*I / Carer (1) / Carer (2) have registered with eHealth/give consent to register with eHealth, which enables authorized healthcare providers to access and share my eHealth records (including COVID-19 vaccination records) for healthcare purposes.

* I / Carer (1) / Carer (2) will decide whether to register with eHealth later.

(C) Personal Information Collection Statement

I (and the carer) have read and understood the terms and conditions of the Personal Information Collection Statement (see Appendix).

(D) Declarations

I (and the carer) understand that the information and personal information collected from the online booking system of the COVID-19 Vaccination Programme, that is, personal identification document number, name, date of birth, contact number and vaccination target group, will be used in the stated purposes (see Appendix).

I (and the carer) hereby declare that all information provided for the online booking system for the COVID-19 Vaccination Programme is true and correct.

	Registrant	Carer who receives vaccination (1) (If applicable)	Carer who receives vaccination (2) (If applicable)
Signature :	_____	_____	_____
Name :	_____	_____	_____
Date of Birth :	_____	_____	_____
Identity Document Number :	_____	_____	_____
Mobile Phone Number : (Local SMS-enabled)	_____	_____	_____
Date :	_____	_____	_____

**Please delete as appropriate.*