



File Ref. no.: _____

DEPARTMENT OF HEALTH
卫生署

Application for Copy of Childhood Immunisation Record
索取儿童免疫接种记录副本

Please use this form if you apply for a printed copy or an electronic version of immunisation record with vaccines administered by Maternal and Child Health Centres (MCHCs), School Immunisation Teams (SIT) and Student Health Service (StdHS).

请使用此表格申请从母婴健康院，学童免疫注射小组及学生健康服务接种疫苗的记录副本或电子版儿童免疫接种记录副本。

Applicant has to be 18 years old or above and the application must be made in his/her own capacity; if the Data Subject is under 18 years old, the application must be made by his/her parent or legal guardian.

申请人必须年满十八岁及以个人名义提出申请；若记录持有人仍未满十八岁，必须由其父、母或法定监护人提出申请。

Please provide the Data Subject's information to facilitate the retrieval of the Childhood Immunisation Record: (please tick the appropriate box(es) and provide related information):

请提供儿童免疫接种记录持有人资料，以便检索有关记录：（请于适用的方格内划上「✓」号并提供相关资料）

Name of Data Subject

记录持有人姓名

English 英文

Chinese 中文

Date of Birth

出生日期

Hong Kong Birth Certificate no.

香港出生证明书编号

HKID Card / other travel document no.

香港身份证 / 其他旅游证件号码

Gender

性别

M

男

F

女

Please fill in the following information and provide relevant proof documents if the data subject has changed his/her name when receiving services in the DH:

于卫生署接受服务期间，如记录持有人曾更改姓名请填写下列资料并提供相关证明文件：

Name held in past

过往姓名

English 英文

Chinese 中文

Changed in year

更改姓名年份

The Department of Health only accepts “Application for copy of Childhood Immunisation Record” for data subjects under 25 years old and data subjects vaccinated in the Department of Health.

卫生署只接受二十五岁以下及曾在本署接种疫苗的记录持有人申请儿童免疫接种记录。

Received immunisation in the following services (please tick the appropriate box(es) and provide related information):

曾于以下服务单位接受疫苗接种（请于适用的方格内划上「✓」号并提供相关资料）：

Family Health Service 家庭健康服务

Name of last attended MCHC

最后到诊的母婴健康院名称

MCHC Record no.

母婴健康院记录编号

School Immunisation Teams 学童免疫注射小组

Primary 1 Name of School

小学一年级 学校全名

Class

班别

Year

年份

District

区域

to

年至

年

Primary 5 Name of School

小学五年级 学校全名

Class

班别

Year

年份

District

区域

to

年至

年

Primary 6 Name of School

小学六年级 学校全名

Class

班别

Year

年份

District

区域

to

年至

年

Student Health Service 学生健康服务

Name of Centre

中心名称

Methods for Collection of Copy of Childhood Immunisation Record (Choose one only)

选择领取儿童免疫接种记录副本的方式 (只可选一项):

Collect a copy of Childhood Immunisation Record at the designated centre
亲身到指定中心领取儿童免疫接种记录副本

[Name of designated centre](#)
[指定中心名称](#)

Receive an electronic copy of Childhood Immunisation Record by email
透过电邮方式收取电子版儿童免疫接种记录副本

Email address
电邮地址

Please read the following notes before signing the application form:

签署申请表格前，请先阅读下列事项：

1. Eligibility Criteria:

申请资格：

- The Department of Health only accepts “Application for copy of Childhood Immunisation Record” for data subjects under 25 years old and data subjects vaccinated in the Department of Health (DH). For those data subjects aged 21 to under 25 years old, only the record of vaccinations received in StdHS will be provided (if applicable).

卫生署只接受二十五岁以下及曾在本署接种疫苗的记录持有人申请儿童免疫接种记录。但凡记录持有人年龄为二十一岁至二十五岁以下，只能提供其于学生健康服务接受疫苗接种的记录副本 (如适用)。

- MCHCs keep the Childhood Immunisation Record until the data subject reaches 21 years old. 母婴健康院保存儿童免疫接种记录至持有人二十一岁。
- SIT does not retain the original or photocopy of Childhood Immunisation Record Card of individual data subject. We will only re-issue record of immunisation according to internal records, which include vaccination provided by SIT since school year 2004/05. These records will be kept until the data subject reaches the age of 21.

学童免疫注射小组并没有保留已发给个别学童的免疫接种记录（针卡）的正本或副本，我们只根据内部资料补发免疫接种记录。本组存有 2004/05 学年或以后由本组为学童提供的免疫接种记录，而这些记录将会保存至持有人年满二十一岁。

2. Fee:

费用：

- Applicant will be charged a fee (HK\$160) for a doctor certified true copy or an electronic copy (including the electronic signature of a doctor) of Childhood Immunisation Record.

申请医生认证的免疫接种记录副本或电子记录副本(包括医生的电子签署)费用为港币\$160。

3. Application Methods:

申请方法：

- (a) Submit the online application form by using My GovHK (Digital Signature by iAM Smart or e-Cert (personal) is required for online submission).
透过政府一站通提交有关申请 (网上申请需使用「智方便」或电子证书(个人)作数码签署)。
- (b) Download the application form from the website of the Department of Health and submit the completed application form and the required documents by the following methods:
下载申请表格，并透过以下方法递交填妥的申请表和所需文件：
- (i) email to dh_vac_copy@dh.gov.hk
电邮到 dh_vac_copy@dh.gov.hk
- (ii) Submit to the services under the DH in-person or by post
亲身递交或邮寄到卫生署所属的服务单位
- (c) Relevant service websites/addresses are listed as follows:
有关服务的地址或网页如下：

MCHC 母婴健康院	English: http://s.fhs.gov.hk/d5fqn 中文： http://s.fhs.gov.hk/4oto8
SIT 学童免疫注射小组	Tsuen Wan Office: 2/F, 115 Castle Peak Road, Tsuen Wan 荃湾办事处：新界荃湾青山公路115号2楼
StdHS Centre 学生健康服务中心	English: https://www.studenthealth.gov.hk/english/centre/centre.html 中文： https://www.studenthealth.gov.hk/tc_chi/centre/centre.html

4. Required Documents:

所需文件：

Please provide the following documents upon submission of the application form:

- Birth certificate and HKID card* (if available) of the data subject
 - HKID card* of the applicant
 - Documentary evidence showing the relationship between the applicant and the data subject if the applicant's name is not shown on the birth certificate
 - Official document (e.g. Deed Poll) related to change of personal data of the data subject (if applicable)
- *Valid travel document if HKID is not available

提交申请表时，请一并提供以下文件：

- 记录持有人的出生证明书及香港身份证* (如有)
 - 申请人的香港身份证*
 - 若申请人的姓名没有显示于记录持有人的出生证明书上，须提供有显示申请人与记录持有人关系的证明文件
 - 如记录持有人的个人资料曾作更改，必须出示相关证明文件 (如: 改名契)
- * 如没有香港身份证，请出示有效旅游证件

You may be asked to provide additional information to help us process your application.
你或须提供更多资料，以协助我们处理你的申请。

5. Result Notification:

结果通知：

- The application result will be notified via email or phone within 30 working days upon receiving the application form.
申请结果会于收妥申请表格后之30个工作日内透过电邮或致电通知。
- If you do not collect the copy of Childhood Immunisation Record within 3 months upon notification, the application will be closed and all submitted documents will be destroyed without further notice.
如你未能于收到本署通知后三个月内领取免疫接种记录副本，有关申请将会终止，所有提交的文件将被销毁，而不会另行通知。

6. Payment Method:

付款方法：

- (a) Cash or Octopus or Faster Payment System (FPS) (applicable to payment in Maternal and Child Health Centres or Student Health Service Centres)
现金/八达通/转数快(适用于亲身到母婴健康院或学生健康服务中心缴交)
- (b) General Demand Note (applicable to collection by email or payment in School Immunisation Teams)
一般缴款单(适用于电邮领取或亲身到学童免疫注射小组缴交)
- ❖ For the payment methods available for settlement of General Demand Notes, please visit this website :
https://www.try.gov.hk/cinternet/chcoll_gendenenquiry.html
有关一般缴费单的付款方法,请浏览以下网页:
https://www.try.gov.hk/internet/ehcoll_gendenenquiry.html

7. Other Points to Note:

其他注意事项：

- Please make a copy of this application form for your personal keeping if necessary.
如有需要，请自行影印此申请表格，以作保管。
- The information you provided will be used for the processing of your application for access to personal data.
你所提供的资料，将用于处理有关申请索取个人资料的事宜上。
- The document can be collected by the applicant in person or by an authorised representative (please fill in the “Authorisation for Collection of Copy of Childhood Immunisation Record” in page 7) and provide related identity document upon collection.
如你选择到指定中心领取儿童免疫接种记录副本，申请人可亲自或授权他人领取（请填写第7页的[领取儿童免疫接种记录副本授权书]）及于领取时出示有关的证件。

I have read and understood the above notes (please tick the box on the left).

本人已阅读并明白以上注意事项（请于方格内划上「✓」号）。

I declare that I have the custody of data subject _____ . (if applicable)

本人声明对记录持有人_____拥有管养权。（如适用）

Particulars of Applicant 申请人资料：

Name of Applicant

申请人姓名

English 英文

Chinese 中文

HKID Card /other travel document no.

香港身份证 / 其他旅游证件号码

Relationship to Data Subject

与记录持有人关系

Hong Kong Correspondence Address

香港通讯地址

Email Address

电邮地址

Hong Kong Daytime Contact Number

香港日间联络电话号码

Signature of Applicant

申请人签署

Date

日期

To be completed by staff 职员填写：

Date of application received:	Name & Signature:
Date of notification:	Name & Signature:
Date of *completion/withdrawal:	Name & Signature:

Acknowledgement of Receipt 收件确认：

Date of receipt

收件日期

Name & Signature of recipient

收件人姓名及签署

Name & Signature of witness (staff)

见证人（职员）姓名及签署

Authorisation for Collection of Copy of Childhood Immunisation Record

领取儿童免疫接种记录副本授权书

Please read the following notes carefully before completing this form:

填写本表格前，请详阅下列说明：

1. The copy of Childhood Immunisation Record contains personal information. Please select your representative carefully, e.g. a close relative.
因儿童免疫接种记录副本包含个人资料，故请小心选择代取人，例如近亲。
2. The signature of the authorisation must be identical to the signature on the application form.
授权书和申请书上的签署式样必须相同。
3. The authorised person must be aged 18 or above. He/she needs to sign the acknowledgement of receipt and provide the following upon collection of the document applied:
代取人必须年满十八岁，并须于领取所申请的文件时填写确认签收书及出示以下证件：
 - his/her valid proof of identity e.g. Hong Kong identity card or travel document.
其有效的身份证明文件，例如香港身份证或旅游证件。
 - copy of valid proof of identity of the applicant.
申请人的身份证明文件副本。

I, _____, authorise *Mr / Mrs / Miss / Ms _____,
holder of *Hong Kong identity card / travel document number _____, phone
number _____ to collect the copy of Childhood Immunisation
Record of _____ on my behalf.

本人 _____，授权 _____ *先生 / 太太 / 小姐 /
女士，即香港身份证或旅游证件 _____ 号的持有人，电话号码为 _____，
代本人领取 _____ 的儿童免疫接种记录副本。

Name of applicant
申请人姓名 _____

Signature of applicant
申请人签署 _____

*delete as appropriate 请删除不适用者

Date 日期 _____

用途聲明

收集資料的目的

1. 當衛生署向病人及顧客提供服務及進行其他有關活動時，由病人或顧客所提供的個人資料，會由衛生署作以下用途：
 - 一. 資格證明；
 - 二. 提供服務包括但不限於臨床診症、診症預約安排及通知約期和顧客關係事宜；
 - 三. 測試結果／化驗／檢驗／治療的紀錄，以繼續提供護理，或供其他醫療專業人員參考；
 - 四. 同意進行特定治療／測試；
 - 五. 開支會計；
 - 六. 流行病學監測及調查傳染病爆發；
 - 七. 為公共衛生目的，就結核病或其他須予報告／呈報的疾病，作出呈報；
 - 八. 追蹤不依期覆診者、以便跟進／治療；
 - 九. 評估是否需要社會援助；
 - 十. 在法律程序中作為參考；
 - 十一. 登記／管理的紀錄
 - 十二. 製備統計數字、進行研究或教學用；
 - 十三. 服務／人力發展與策劃；
 - 十四. 利便組織有關健康教育及社區聯絡的活動；及
 - 十五. 到訪／查詢／投訴的記錄。

個人資料的提供，出於自願。如果你不提供充份的資料、我們可能無法證明你是否符合資格獲得某項服務或活動，因而不能為你提供服務／協助；又或我們即使仍然提供該項服務或協助，你亦須按不符合資格人士須繳的收費率（通常較高）繳費。

接受轉介人的類別

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需時因以上所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下，才向有關方面披露。

查閱個人資料

3. 根據《個人資料(私隱)條例》第 18 條及 22 條以及附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第 1 段所述的情況下所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

查詢

4. 有關所提供個人資料（包括查閱及修正資料）的查詢，請向下列人士／單位提出：
 - 一. 所屬健康院的顧客關係主任；或
 - 二. 衛生署家庭健康服務
地址：香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室

STATEMENT OF PURPOSES

Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:-
 - a) Proof of eligibility;
 - b) Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters;
 - c) Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
 - d) Consent for particular treatments / tests;
 - e) Accounting of expenses;
 - f) Epidemiological surveillance and suspected outbreak investigation;
 - g) For notification of tuberculosis or other diseases reportable / notifiable for public health purposes;
 - h) Tracing defaulters for follow up / treatment;
 - i) Assessment for social assistance;
 - j) For reference in legal proceedings;
 - k) Record of enrolment / management;
 - l) For preparing statistics, carrying out research or teaching purpose;
 - m) For services / manpower development and planning;
 - n) To facilitate organisation of activities related to health education and community liaison; and
 - o) Record of visits / enquiries / complaints.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government bureaux / departments or relevant parties for the purposes mentioned above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:
 - a) The Client Relations Officer of respective centre; or
 - b) Family Health Service, Department of Health
Rm 1308, 13th Floor, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong