



File Ref. no.: \_\_\_\_\_

## DEPARTMENT OF HEALTH

### 衛生署

#### Application for Copy of Childhood Immunisation Record

#### 索取兒童免疫接種記錄副本

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

請使用此表格申請從母嬰健康院，學童免疫注射小組及學生健康服務接種疫苗的記錄副本。

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.

申請人必須年滿十八歲及以個人名義提出申請；若記錄持有人仍未滿十八歲，必須由其父、母或法定監護人提出申請。

**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):**

請提供兒童免疫接種記錄持有人資料，以便檢索有關記錄：（請於適用的方格內劃上「✓」號並提供相關資料）

Name of Data Subject

記錄持有人姓名

English 英文

Chinese 中文

Date of Birth

出生日期

Hong Kong Birth Certificate no.

香港出生證明書編號

HKID Card/other travel document no.

香港身份證 / 其他旅遊證件號碼

Gender

性別

M ☐  
男

F ☐  
女

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

於衛生署接受服務期間，如記錄持有人曾更改姓名請填寫下列資料：

Name held in past

過往姓名

English 英文

Chinese 中文

Changed in year

改名年份

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

曾於以下服務單位接受疫苗接種 (請於適用的方格內劃上「✓」號並提供相關資料) :

☐ **Family Health Service 家庭健康服務**

Name of last attended MCHC

最後到診的母嬰健康院名稱

MCHC Record no.

母嬰健康院記錄編號

☐ **School Immunisation Teams 學童免疫注射小組**

Primary 1 Name of School

小學一年級 學校全名

Class

班別

Year

年份

District

區域

to

年至

年

Primary 5 Name of School

小學五年級 學校全名

Class

班別

Year

年份

District

區域

to

年至

年

Primary 6 Name of School

小學六年級 學校全名

Class

班別

Year

年份

District

區域

to

年至

年

☐ **Student Health Service 學生健康服務**

Name of Centre

中心名稱

**Please read the following notes before signing the application form:**

簽署申請表格前，請先閱讀下列注意事項：

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

本署只接受二十五歲以下記錄持有人的免疫接種記錄申請。

- For those data subjects aged 21 to under 25 years old, only the vaccination received in StdHS will be provided (if applicable).

但凡記錄持有人年齡為二十一歲至二十五歲以下，只能提供其於學生健康服務接受疫苗接種的記錄副本 (如適用)。

- MCHCs only keep the Childhood Immunisation Record until the data subject reaches 21 years old.

母嬰健康院只保存兒童免疫接種記錄至持有人二十一歲。

- 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.

學童免疫注射小組並沒有保留已發給個別學童的免疫接種記錄（針卡）的正本或副本，我們只根據內部資料補發免疫接種記錄。本組存有 2004/05 學年或以後由本組為學童提供的免疫接種記錄，而這些記錄將會保存至持有人年滿二十一歲。

- Applicant will be charged a fee (HK\$160) for a doctor certified true copy of Childhood Immunisation Record.

申請醫生認證的免疫接種記錄副本費用為港幣 \$160。

- Payment should be made by the following means in HK Dollar upon collection of the document:

請於領取文件時按以下方式繳交費用：

MCHC 母嬰健康院	Cash or Octopus 現金或八達通
StdHS Centres 學生健康服務中心	
SIT 學童免疫注射小組	Faster Payment System or Payment at Convenience Stores 轉數快或便利店繳付

**2. Please produce the following documents (either original or photocopy) 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) supporting the change if the personal data of the data subject has been changed**

**\* or valid travel document if HKID is not available**

提交申請表時，請一併提供以下文件（正本或副本）：

- 記錄持有人的出生證明書及香港身份證\*（如有）
- 申請人的香港身份證\*
- 若申請人的姓名沒有顯示於記錄持有人的出生證明書上，須提供有顯示申請人與記錄持有人關係的證明文件
- 如記錄持有人的個人資料曾作更改，必須出示相關證明文件（如：改名契）

**\* 如沒有香港身份證，請出示有效旅遊證件**

**3. You may be asked to provide additional information to help us process your application.**  
你或須提供更多資料，以協助我們處理你的申請。

**4. The information you provide will be used for the processing of your application for access to personal data.**

你所提供的資料，將用於處理有關申請索取個人資料的事宜上。

**5. The completed application form and the relevant documents can be submitted in person or by post. Relevant addresses are listed on the following websites or as follows:**

請填妥申請表格，連同有關文件，親身或以郵寄方式遞交。有關地址已列於以下網頁或如下：

MCHC 母嬰健康院	English: <a href="http://s.fhs.gov.hk/d5fqn">http://s.fhs.gov.hk/d5fqn</a> 中文: <a href="http://s.fhs.gov.hk/4oto8">http://s.fhs.gov.hk/4oto8</a>
SIT 學童免疫注射小組	Tsuen Wan Office: 2/F, 115 Castle Peak Road, Tsuen Wan 荃灣辦事處: 新界荃灣青山公路115號2樓
StdHS Centres 學生健康服務中心	English: <a href="https://www.studenthealth.gov.hk/english/centre/centre.html">https://www.studenthealth.gov.hk/english/centre/centre.html</a> 中文: <a href="https://www.studenthealth.gov.hk/tc_chi/centre/centre.html">https://www.studenthealth.gov.hk/tc_chi/centre/centre.html</a>

6. Upon notification, the document must be collected within 3 months. Otherwise, the application will be closed and all submitted documents will be destroyed without further notice. The document can be collected by the applicant in person or by an authorised representative (please fill in the “Authorisation” in page 5) and produce related identity document upon collection.

收到本署通知後，所申請的文件必須於三個月內領取，否則有關申請將會終止，所有提交的文件將被銷毀，不會另行通知。申請人可親自或授權他人領取（請填寫頁 5 的 [授權書]）及於領取時出示有關的證件。

Please make a copy of this application form for your personal keeping if necessary.

如有需要，請自行影印此申請表格，以作保管。

☐ I have read and understood the above notes (please tick the box on the left).  
本人已閱讀並明白以上注意事項（請於方格內劃上「✓」號）。

☐ I declare that I have the custody of data subject \_\_\_\_\_. (if applicable)  
本人聲明對記錄持有人\_\_\_\_\_擁有管養權。（如適用）

#### Particulars of Applicant 申請人資料：

Name of Applicant

申請人姓名

English 英文

Chinese 中文

HKID Card/other travel document no.

香港身份證 / 其他旅遊證件號碼

Relationship to Data Subject

與記錄持有人關係

Hong Kong Correspondence Address

香港通訊地址

Or 或

Email Address

電郵地址

Hong Kong Daytime Contact Number

香港日間聯絡電話號碼

Signature of Applicant

申請人簽署

Date

日期

## Authorisation for Collection of Copy of Childhood Immunisation Record

### 領取兒童免疫接種記錄副本授權書

Please read the following notes carefully before completing this form:

填寫本表格前，請詳閱下列說明：

1. The copy of Childhood Immunisation Record contains personal information. Please select your representative carefully, e.g. a close relative.

因兒童免疫接種記錄副本包含個人資料，故請小心選擇代取人，例如近親。

2. The signature of the authorisation must be identical to the signature on the application form. 授權書和申請書上的簽署式樣必須相同。

3. The authorised person must be aged 18 or above. He/she needs to sign the acknowledgement of receipt and produce the following upon collection of the document applied:

代取人必須年滿十八歲，並須於領取所申請的文件時填寫確認簽收書及出示以下證件：

- his/her valid proof of identity e.g. Hong Kong identity card or travel document.  
其有效的身份證明文件，例如香港身份證或旅遊證件。
- copy of valid proof of identity of the applicant.  
申請人的身份證明文件副本。

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 \_\_\_\_\_，授權 \_\_\_\_\_ \*先生／太太／小姐／  
女士，即香港身份證或旅遊證件 \_\_\_\_\_ 號的持有人，電話號碼為 \_\_\_\_\_，  
代本人領取 \_\_\_\_\_ 的兒童免疫接種記錄副本。

Name of applicant

申請人姓名

Signature of applicant

申請人簽署

\*delete as appropriate 請刪除不適用者

Date 日期

\*\*\*\*\*

To be completed by staff 職員填寫：

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

Acknowledgement of Receipt 收件確認：

Date of receipt

收件日期

Name & Signature of recipient

收件人姓名及簽署

Name & Signature of witness (staff)

見證人（職員）姓名及簽署

## 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