



余振強紀念第二中學

Yu Chun Keung Memorial College No.2

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23rd June, 2021

Dear Parents,

**COVID-19 Vaccination Programme –
Vaccination Arrangement for Primary and Secondary School Students**

Whole-school resumption of half-day face-to-face class arrangements for all primary and secondary schools in Hong Kong took effect from 24 May 2021. While wearing a mask and maintaining social distancing can help reduce the chances of getting infected with COVID-19 or spreading the virus to others, it is vaccination that can provide more effective protection. The vaccine will work synergistically with the human immune system to prepare it to fight the virus if we are exposed to it. This will provide the best protection for us as well as our family members and friends against COVID-19.

Comirnaty COVID-19 mRNA vaccine (“Comirnaty vaccine”) is a vaccine used for preventing COVID-19 caused by SARS-CoV-2 virus. Having regard to the advice of the Advisory Panel on COVID-19 Vaccines, the Secretary for Food and Health on 3 June 2021 approved the lowering of the age limit for receiving the Comirnaty vaccine to age 12. This vaccine is given in two doses recommended to be 21 days apart for completing the vaccination course. Comirnaty vaccine should be administered 14 days before or after another prophylactic vaccines. To safeguard the health of primary and secondary school students, the Government of the Hong Kong Special Administrative Region has, from 14 June 2021, included adolescents aged 12 years or above into the COVID-19 Vaccination Programme. Students aged 12 years or above who would like to receive the Comirnaty vaccine may make bookings direct at the dedicated website of the Vaccination Programme (<https://booking.covidvaccine.gov.hk/forms/index.jsp>) from 9:00 am on 11 June 2021 onwards, or they may receive the vaccination through the arrangements made by their schools.

Schools may choose group bookings of 20 to 30 students accompanied by two teachers for vaccination at a Community Vaccination Centre (CVC) with school bus service, which is arranged by the Government, between the school and the CVC provided. Parents and guardians may accompany their children/wards to take the school bus to CVC to receive vaccination. They may also wait with the students outside the CVC at a designated time on the day of vaccination and then enter the CVC when the other students and the accompanying teachers arrive by school bus. Parents and guardians may help take care of students and get vaccinated.

Our school has made the initial arrangement for students to receive vaccination **at a CVC in groups** on **18 August 2021 A.M for the first dose and 8 September 2021 A.M for the second dose**. Enclosed please find the following:

- i. the fact sheet on Comirnaty COVID-19 mRNA Vaccine; and
- ii the Consent Form for COVID-19 Vaccination

Please read carefully the enclosed information on COVID-19 vaccination. Should you give consent for your child/ward aged below 18 to receive Comirnaty Vaccination through arrangement by the school, **please fill in the “Consent Form for COVID-19 Vaccination”**; if your child/ward aged 18 or above would like to receive Comirnaty Vaccination through arrangement by the school, he/she may complete the **“Consent Form for COVID-19 Vaccination”**. The completed consent form will be returned to **Class Teacher on or before 13 July 2021**. If you intend to get vaccinated at the same timeslot with your child/ward, please also complete the **“Consent Form for COVID-19 Vaccination”** and return it to **Class Teacher through your child/ward before the aforementioned date**. We will announce the details of implementation once they are finalised.

Parents/guardians may also make their own booking through the website of COVID-19 Vaccination Programme direct for their child/ward to receive vaccination. Persons aged under 18 must bring along the **“Consent Form for COVID-19 Vaccination”** completed by their parents/ guardians to the CVC for vaccination.

For parents/guardians and their child/ward who want to register the Electronic Health Record Sharing System (eHealth) so that they and the healthcare providers who take care of their child/ward may have access to their COVID-19 vaccination records, please register with the eHealth now. For details, please refer to the eHealth leaflet enclosed.

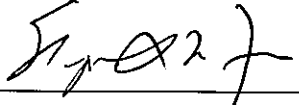
If your child below age 16 would like to register with eHealth, please bring along the following documents on the day he/she receives the vaccine for information verification purposes:

- Consent form for COVID-19 Vaccination
- The printout of eHealth Online Submission Confirmation (the information of parents/ guardians on the printout should tally with that of Consent form)
- Original of identity document of your child

Should you have any enquiries, please visit the website of COVID-19 Vaccination Programme (<https://www.covidvaccine.gov.hk/>) for more information about the Programme. Please note that another type of COVID-19 vaccine currently available in Hong Kong is Sinovac, which can only be administered at this stage to people aged 18 or above.

Please return the reply slip to the class teacher on or before 13 July 2021. If you have any enquiries, please contact Mr KB Chan, our vice-principal, at 25518285.

Yours faithfully,



LI Tak-fai, Stephen
Principal

TRUTH: UNDERSTAND IT; LIVE IT; UPHOLD IT

復星醫藥/德國藥廠BioNTech
Fosun Pharma/BioNTech

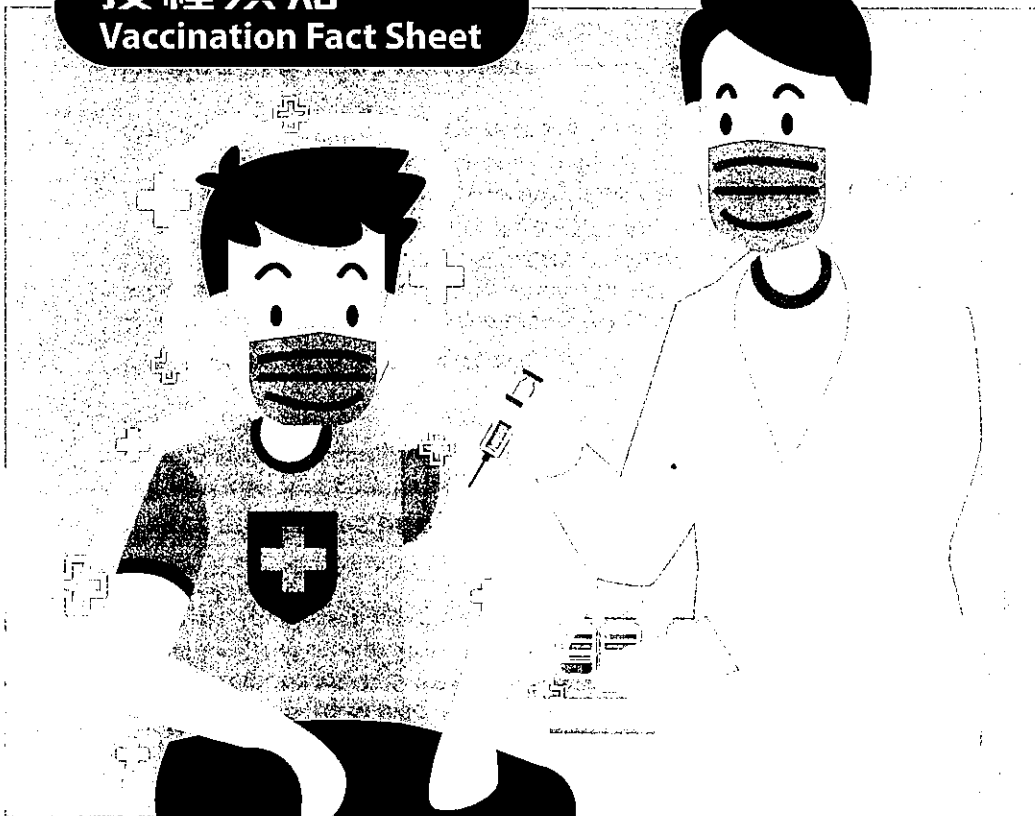
信使核糖核酸新冠疫苗
COVID-19 mRNA Vaccine

Comirnaty「復必泰」

(BNT 162b2)

接種須知

Vaccination Fact Sheet



1 What Comirnaty is and what it is used for¹

Comirnaty is a vaccine used for preventing COVID-19 caused by SARS-CoV-2 virus.

Comirnaty is given to adults and adolescents from 12 years of age and older.

The vaccine causes the immune system (the body's natural defences) to produce antibodies and blood cells that work against the virus, so giving protection against COVID-19.

As Comirnaty does not contain the virus to produce immunity, it cannot give you COVID-19.

The vaccine is authorized for use under the Prevention and Control of Disease (Use of Vaccines) Regulation (Cap. 599K) for the specific purpose of preventing COVID-19 infection. It has not been registered in Hong Kong under the Pharmacy and Poisons Ordinance (Cap. 138).

2 What you need to know before you receive Comirnaty¹

Comirnaty should not be given

- if you are allergic to previous dose of Comirnaty, or to the active substance or any of the other ingredients of this medicine including the following:

[(4-hydroxybutyl)azanediyl] bis (hexane-6, 1-diyl) bis (2-hexyldecanoate) (ALC-0315) / 2-[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide (ALC-0159) / 1,2-Distearoyl-sn-glycero-3-phosphocholine (DSPC) / cholesterol / potassium chloride / potassium dihydrogen phosphate / sodium chloride / disodium phosphate dihydrate / sucrose / water for injection

Warnings and precautions

Talk to your doctor, pharmacist or nurse before you are given the vaccine if:

- you have ever had a severe allergic reaction or breathing problems after any other vaccine injection or after you were given Comirnaty in the past.
- you have ever fainted following any needle injection.
- you have a severe illness or infection with high fever. Vaccination should be delayed for individuals suffering from acute febrile diseases.
- you have a bleeding problem, you bruise easily or you use a medicine to prevent blood-clots.
- you have a weakened immune system, because of a disease such as HIV infection or a medicine such as corticosteroid that affects your immune system.

As with any vaccine, the 2-dose vaccination course of Comirnaty may not fully protect all those who receive it and it is not known how long you will be protected.

¹ Follow information provided by vaccine supplier

Children, adolescents and young adults

- Comirnaty is not recommended for children aged under 12 years.
- The Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases under the Centre for Health Protection of the Department of Health joined by the Chief Executive's expert advisory panel (JSC-EAP) noted that there were overseas reports of mild myocarditis/pericarditis following vaccination with Comirnaty COVID-19 vaccine, and the probability on a possible link between the second dose and the onset of myocarditis among young adults. The Government will continue monitoring ongoing studies on this possible link.

Other medicines and Comirnaty

Tell your doctor or pharmacist if you are using, have recently used or might use any other medicines or have recently received any other vaccine.



Pregnancy and breast-feeding

JSC-EAP acknowledged there is emerging data on the use of mRNA COVID-19 vaccines in pregnant and lactating women. Given there are no known risks associated with administering mRNA COVID-19 vaccines to lactating women, they are recommended to receive the BioNTech/Comirnaty vaccines (mRNA COVID-19 vaccines) as for the rest of the population. Pregnant women who consider BioNTech/Comirnaty vaccines (mRNA COVID-19 vaccines) should consult their obstetricians on the risks and benefits of vaccination.

Driving and using machines

Some of the effects of vaccination mentioned in section 4 (Possible side effects) may temporarily affect your ability to drive or use machines.



Wait until these effects have worn off before you drive or use machines.

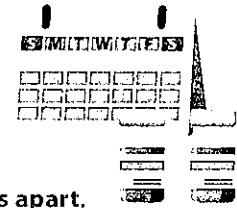
Comirnaty contains potassium and sodium

This vaccine contains less than 1 mmol potassium (39 mg) per dose, that is to say essentially 'potassium-free'.

This vaccine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.

3 How Comirnaty is given¹

- Comirnaty is given after dilution as an injection of 0.3 mL into a muscle of your upper arm.
- You will receive 2 injections*, given at least 21 days apart.
- After the first dose of Comirnaty, you should receive a second dose of the same vaccine after 21 days to complete the vaccination course.



If you have any further questions on the use of Comirnaty, ask your doctor, pharmacist or nurse.

* JSC-EAP reviewed and updated the recommendation on COVID-19 vaccination for persons with previous COVID-19 infection. Previous COVID-19 infection usually confers immunity for at least 6 to 9 months for majority of patients. There is accumulating evidence showing that those previously infected with COVID-19 would be further protected by one dose of mRNA vaccine. After receiving one dose of mRNA vaccine, these persons may experience more systemic side effects (such as fatigue, headache, chills, muscle pain, fever and joint pain) when compared to those without prior infection. People who wish to receive mRNA vaccine should wait for at least 90 days after discharge from previous infection.

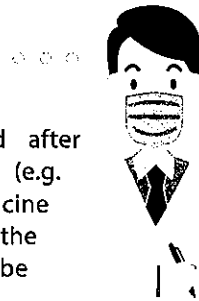
4 Possible side effects¹

Like all vaccines, Comirnaty can cause side effects, although not everybody gets them.

	Side effects	may affect
Very common	<ul style="list-style-type: none"> • injection site: pain, swelling • tiredness • headache • muscle pain <p>Some of these side effects were slightly more frequent in adolescents 12 to 15 years than in adults.</p>	<ul style="list-style-type: none"> • chills • joint pain • diarrhoea • fever <p>more than 1 in 10 people</p>
Common	<ul style="list-style-type: none"> • injection site redness • nausea 	<ul style="list-style-type: none"> • vomiting <p>up to 1 in 10 people</p>
Uncommon	<ul style="list-style-type: none"> • enlarged lymph nodes • feeling unwell • arm pain 	<ul style="list-style-type: none"> • insomnia • injection site itching • allergic reactions (e.g. rash, itching) <p>up to 1 in 100 people</p>
Rare	<ul style="list-style-type: none"> • temporary one sided facial drooping 	<ul style="list-style-type: none"> • allergic reactions (e.g. hives, swelling of the face) <p>up to 1 in 1000 people</p>
Not known	<ul style="list-style-type: none"> • severe allergic reaction 	cannot be estimated from the available data

5 Reporting of adverse events after immunization

The Department of Health ("DH") has an adverse drug reaction ("ADR") reporting system which receives adverse events following immunization (AEFIs) reports to monitor the safety of COVID-19 vaccines. If you have any suspected adverse event occurred after immunization, please alert healthcare professionals (e.g. doctors, dentists, pharmacists, nurses and Chinese Medicine Practitioners), when seeking their advice, to report the AEFIs to the DH if they consider that the AEFIs may be associated with the vaccination.

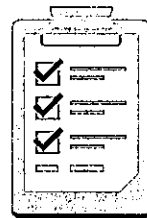


For continuously monitoring of the safety and clinical events associated with COVID-19 vaccination, your personal data collected for vaccination and your clinical data held by the Hospital Authority and the relevant private healthcare facilities and healthcare professionals, may be accessed and used by DH and relevant organizations collaborated with the Government (including the University of Hong Kong) insofar as such information is necessary for the monitoring.



In situations when pain or redness at the injection site increases after 24 hours from injection; or your side effects are worrying you or do not seem to be going away in a few days, please contact your doctor.

If you do seek medical attention, make sure you tell the healthcare professionals about your vaccination details and show them your vaccination record card if available. Healthcare professionals will then make proper assessment and, if necessary, report any AEFI that is deemed medically significant to DH for further action and assessment.



Please allow the healthcare professional to report the AEFI, with your consent to passing the adverse event case information, personal and clinical data to DH for continuous monitoring the safety and clinical events associated with COVID-19 vaccination.

Message to the healthcare professionals:

Please conduct medical assessment and if you consider the AEFI associated with the vaccine is deemed medically significant, please report it to the Drug Office of the Department of Health via online reporting at the webpage

https://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/index.html

If the vaccine recipient experiences serious adverse event following immunization, please refer the recipient to hospital.

- I have read and understood all information as provided in the factsheet and the Statement of Purposes of Collection of Personal Data, and I consent to the administration of COVID-19 Vaccination to me / my child / my ward* under the COVID-19 Vaccination Programme; and the Department of Health and the relevant organizations (collaborated with the Government (including the University of Hong Kong))'s access to and use of (i) my / my child / my ward's* personal data contained herein and (ii) my / 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 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.

*Please delete as appropriate

For further information on vaccine information and side effects,
please visit the website at
www.covidvaccine.gov.hk



English



हिंदी



नेपाली



ગુજરાતી



ไทย



Bahasa Indonesia



Tagalog



සිංහල කතෘකාව



বাংলা ভাষা



Tiếng Việt

Version date: 11 June 2021 Please refer to online version for most updated information.

Produced in 2021
Printed by the Government Logistics Department

參加醫健通

新冠疫苗紀錄可互通

Register with eHealth and share COVID-19 vaccination records

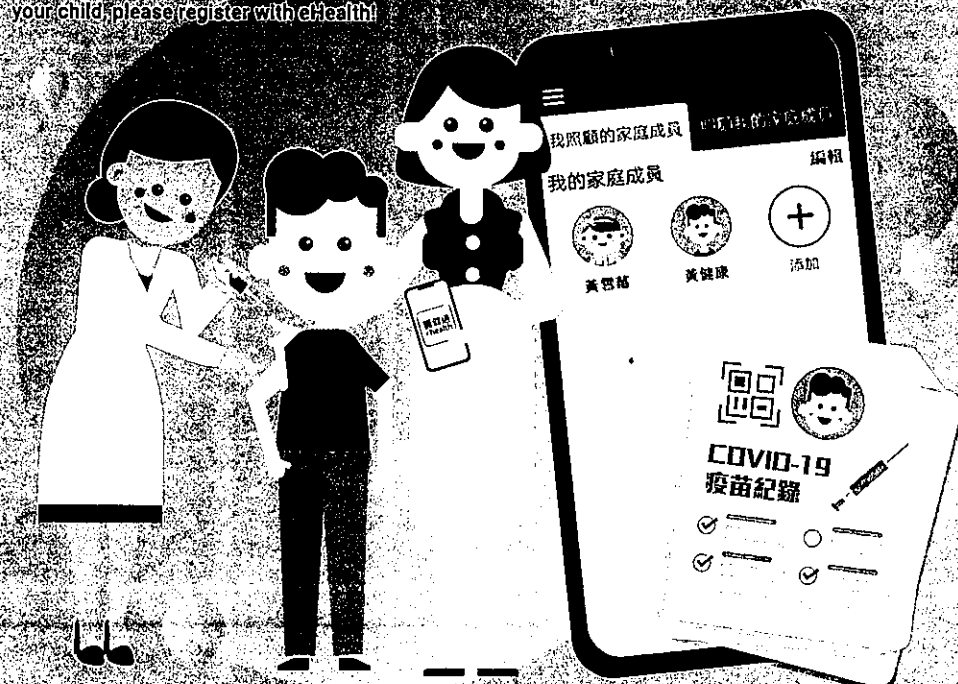
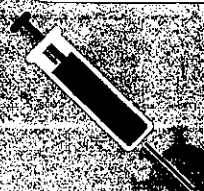
16歲以下人士現可透過新冠疫苗接種計劃參加醫健通。為了讓你和照顧你子女的醫護專業人員，查閱他/她的新冠疫苗紀錄，請立即登記醫健通！

Person aged under 16 can register with eHealth via COVID-19 Vaccination Programme now to allow you and the healthcare professionals to view the COVID-19 vaccination records of your child, please register with eHealth!



16歲以下
都可以經疫苗接種計劃
參加醫健通

Aged under 16 can register
with eHealth via vaccination programme



立即下載醫健通eHealth手機程式!
Download! 醫健通eHealth App Now!

如何透過新冠疫苗接種計劃 為子女登記醫健通?

How to register eHealth for child via COVID-19 Vaccination Programme?



網上遞交醫健通申請
Submit the eHealth application online

<https://apps01.ehealth.gov.hk/>



列印網上申請確認書
Print out the Online Submission Confirmation

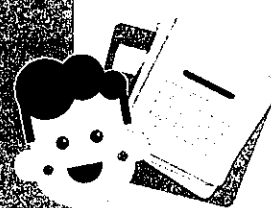
溫馨提示
Reminder

遞交前，請檢查以下文件

- 網上申請表格的列印本
- 子女的身份證明文件正本
- 孩子所屬父母同意書

Or check your application by downloading the following documents:

- the application on the online submission confirmation
- identity document of your child
- consent form for COVID-19 vaccination



如何於醫健通eHealth手機程式查閱子女的新冠疫苗接种紀錄?

How to view my child's COVID-19 vaccination records in the 醫健通eHealth App?

1 你本人登記醫健通及下載醫健通eHealth手機程式
You register with eHealth and download 醫健通eHealth App

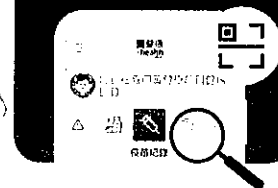
2 使用醫健通eHealth手機程式添加子女為「我的家庭成員」
Use 醫健通eHealth App to add your child as "My Family Member"

Use 醫健通eHealth App to add your child as "My Family Member"



就可以隨時隨地查閱子女的新冠疫苗接种紀錄及出示疫苗紀錄二維碼

You can then view your child's COVID-19 vaccination records and show the vaccination record QR code anytime anywhere.



3467 6300

3467 6099

www.ehealth.gov.hk

ehr@ehealth.gov.hk

電子健康紀錄申請及諮詢中心 Electronic Health Record Registration Office
香港九龍灣展貿徑1號九龍灣國際展貿中心11樓1193室
Unit 1193, 11/F, Kowloonbay International Trade & Exhibition Centre,
1 Trademart Drive, Kowloon Bay, Hong Kong



醫健通 Electronic Health Record Sharing System

✂ -----

Date: _____

Reply Slip

To: Principal of Yu Chun Keung Memorial College No.2

I acknowledge receipt of 2020/21 School Circular No.41 and have learnt about the details of the “COVID-19 Vaccination Programme – Vaccination Arrangement for Primary and Secondary School Students”.

- I will arrange vaccination for my child/ward by myself.
- My child/ward _____ will go to the community vaccination centre (CVC) for vaccination at the time stated in the Notice, and I [choose only one option]
 - will go to the CVC with my child/ward by school bus, and will go back to school together by school bus.
 - will go to the CVC with my child/ward by school bus, but I will not go back to school with my child/ward by school bus.
 - will not go to the CVC. My child/ward will go to the CVC with teachers by school bus, and take school bus to go back to school.
 - will accompany my child/ward to go to the CVC direct at the time as stated in the **Notice**, then I will accompany my child/ward to leave CVC ourselves.
 - will receive vaccination at the same time slots as my child/ward and the consent form is attached.

(Please put a tick “✓” in the appropriate box)

Student's Name: _____

Class: _____ ()

Parent's Signature: _____

Parent's Name: _____

Emergency contact No.: _____

Student's contact No: _____

Consent Form for COVID-19 Vaccination

Note: Please complete this form in BLOCK letters using black or blue pen and put a "✓" in appropriate boxes and *delete as appropriate.

Part 1. Personal Details of Vaccine Recipient (as indicated on identity document)	
Name: _____ (English) (surname) (given name)	
_____ (Chinese) (surname) (given name)	
Date of Birth: _____ / _____ / _____ (DD/MM/YYYY)	Gender: _____
Contact number: _____ (mobile)	
Hong Kong Identity Card No.:	
_____ () HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U Date of Issue: _____ / _____ / _____ (dd/mm/yyyy)	
OR Other identity document:	
Document type: _____	
Document number: _____	

Part 2: Consent to Administration of COVID-19 Vaccination

I consent to (a) the administration of COVID-19 Vaccination to **me / 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/ 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.

Note: A consent form is required for each of the two doses of vaccination.

Part 3: Particulars of COVID-19 Vaccination

Type and Dose Sequence of COVID-19 vaccination# (Filled in by Healthcare Provider) (Put a "✓" in the most appropriate box)		
<input checked="" type="checkbox"/> mRNA Vaccine (Fosun Pharma/German drug manufacturer BioNTech)	<input type="checkbox"/> Inactivated Virus Vaccine (Sinovac Biotech (Hong Kong) Limited)	<input type="checkbox"/> Viral Vector Vaccine (AstraZeneca/University of Oxford)
<input type="checkbox"/> First dose	<input type="checkbox"/> Second dose	

Category for vaccination: _____

Part 4 Declaration and Signature

To be completed by vaccine recipient who is aged 18 or above

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 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.

I confirm that by signing underneath, I consent to (a) the administration of COVID-19 Vaccination 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 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.

I declare the information provided in this form is correct.

I agree to provide my 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 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 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 vaccine recipient (or finger print if illiterate#): _____

Date: _____

To be completed by parent / guardian only if vaccine recipient is aged below 18 / mentally incapacitated

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.

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/ 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/ 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 no. of Parent/ Guardian*: _____

Contact Telephone No.: _____

Date: _____

Witness should complete the following if the vaccine recipient is not mentally incapacitated but is illiterate

This document has been read and explained to the vaccine recipient in my presence. The vaccine recipient has been given an opportunity to ask questions.

Signature of Witness: _____

Name of Witness (in English): _____

Hong Kong Identity Card No.: (X)

(only the alphabet and the first three digits are required)

Contact Telephone No.: _____ Date: _____

To be completed by Healthcare Provider	
eHS(S) Transaction No. <u>ONE TRANSACTION NUMBER ONLY</u> (if applicable)	T _____ - _____ - _____
Vaccine log number	Date of Vaccination
Place of Vaccination	
Name of Doctor	
Name of Vaccination Staff	

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; and
 - (f) 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