



**FAMILY HEALTH SERVICE  
DEPARTMENT OF HEALTH**

衛生署家庭健康服務

**Application for Replacement of Immunisation Record for Adults  
申請補領成人免疫接種記錄**

**Particulars of Applicant 申請人資料:**

Name:

姓名

English 英文

Chinese 中文

Hong Kong ID / Travel

Document no.:

身分證 / 旅遊證件號碼

Date of Birth:

出生日期

MCHC Record no.:

母嬰健康院記錄編號

Name of Centre:

健康院名稱

**Please read the following notes before you sign the application form:**

**簽署申請表格前，請先閱讀以下注意事項:**

1. The applicant needs to produce HKID card / Travel Document (either original or photocopy) for identity verification.  
申請人須提供身分證 / 旅遊證件 (正本或副本) 以核實身分。
2. You may be asked to provide additional information to help us meet your request. We may not be able to process your application if you do not provide sufficient information.  
你或需提供更多資料，以協助我們處理你的申請。如你未能提供足夠資料，我們可能無法進一步處理你的申請。
3. The information you provide will be used for processing your application for access to personal data. It may also be disclosed to other Government departments or agencies for the same purpose.  
你所提供的資料，將用於處理有關你申請索取個人資料的事宜上。你所提供的資料亦可能會交給其他政府部門或有關機構作同樣用途。
4. The duly completed application form with the relevant documents can be returned in person or by mail to the concerned Maternal and Child Health Centre (MCHC). For the address of MCHC, you may visit our website at [www.fhs.gov.hk](http://www.fhs.gov.hk).

請填妥申請表格，並連同有關文件正本或副本，以親身遞交或郵寄方式，交回所屬的母嬰健康院。有關母嬰健康院的地址，你可以瀏覽本署的網頁 [www.fhs.gov.hk](http://www.fhs.gov.hk)。

5. Upon notification, you may collect the document in person or authorise a representative to collect it on your behalf (on production of an authorisation letter (FHS123) and proof of the individual's identity e.g. Hong Kong identity card.). If the document is not collected **within 3 months** after the notification, the document will be destroyed without further notice.

收到本署通知後，申請人必須於**三個月內**親自或授權他人（代取人須出示授權書(FHS 123)及其身分證明文件，例如香港身分證）領取所申請的文件，否則文件將被銷毀。

6. Each person should hold ONE Immunisation Card only. Applicant should only apply for replacement of Immunisation Card when the original is lost. In case the original card is found after the replacement has been issued, the applicant should bring both the original and replacement cards back to the MCHC for further management.

每人只應持有一張免疫接種記錄（針卡）。申請人只應在遺失針卡正本後才可申請補領。如在獲發補領的針卡後尋回正本，申請人應將兩份記錄交回母嬰健康院處理。

7. 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).

我已閱讀並明白以上注意事項（請於方格內劃上「✓」號）。

I declare that my original Immunisation Card is lost.

本人聲明本人的免疫接種記錄（針卡）正本已遺失。

Signature of applicant:

申請人簽署

Date:

日期

Address:

地址

Contact telephone number:

聯絡電話

***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:

## 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