

CONSENT TO ADMINISTRATION OF VACCINATION

疫苗接種同意書

I have read and understood this document and the information on **Human Papillomavirus vaccine (HPV vaccine) / Hepatitis B vaccine (Hep. B vaccine)** and Collection of Personal Data - Statement of Purposes, including persons/ conditions not suitable for receiving **HPV / Hep. B vaccine**, and AGREE for myself/ my child to receive the **HPV / Hep. B vaccine** as arranged by the Women Wellness Satellites (Hong Kong) / Women Wellness Satellites (Kowloon) / Women Wellness Satellites (New Territories).

本人已閱讀及明白本檔及人類乳頭瘤病毒 (HPV) / 乙型肝炎疫苗的資料及收集個人資料的用途聲明，包括不宜接種人類乳頭瘤病毒 (HPV) / 乙型肝炎疫苗的人士 / 情況，及 同意 本人 /小女/ 受監護者 於港島樂妍站 / 九龍樂妍站 / 新界樂妍站 接種人類乳頭瘤病毒 (HPV) / 乙型肝炎疫苗。

Signature of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/ 家長/ 監護人*簽署：	Relationship with Vaccine Recipient 與疫苗接種者關係： (If applicable如適用) <input type="checkbox"/> Father 父 <input type="checkbox"/> Mother 母 <input type="checkbox"/> Guardian 監護人
Name of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/ 家長/ 監護人*姓名：	Contact Number: 聯絡電話：
Date of Signature: 簽署日期：	

*Relevant documents about the parentship / guardianship are required. (Example: ID card of parent and birth certificate of the vaccine recipient)

*敬請攜帶可證明為家長 / 監護人之有效身份證明文件(例如: 家長身份證及接種者之出世紙)以供核對。