

Sample Medical Exemption Certificate (Hand-filled template)

Review the **Guidance for COVID-19 Vaccination Medical Exemption Certificate** prior to certifying a medical exemption to ensure all criteria are met.

[發出日期 Date of issue of letter]

敬啟者

To whom it may concern

新冠疫苗接種醫學豁免證明書

COVID-19 Vaccination Medical Exemption Certificate

茲證明以下人士

This is to certify that the following person

姓名 Name

(如身分證明文件) (as in identification document)

: _____

證件種類及號碼

Document Type & Number

香港身份證號碼 HKID number _____

: 護照號碼 Passport number _____

其他，請註明種類及號碼 Others, please specify type and number

出生日期 Date of Birth

: _____(DD/MM/YYYY)

性別 Gender

: _____

基於附頁上指明醫學原因不適合接種任何一款本港現行提供的 2019 冠狀病毒病疫苗 (克爾來福/科興和復必泰疫苗)。

is considered not suitable to receive any one of the currently available COVID-19 vaccines (CoronaVac/ Sinovac and Comirnaty/BioNTech) in Hong Kong Special Administrative Region due to the medical reasons(s) as listed in Annex.

此證明書的有效期限直至 _____ [日期]*]。

This certification remains valid until _____ [Date]* 。

* 除非有特殊醫學原因，一般來說，本證明書的有效期限不應長於三個月。如果有特殊醫學原因，本證明書的最長有效期亦應只限於六個月。

* In general, the validity period of this certification should not be more than 3 months, unless there are special medical reasons. Even with special medical reasons, the maximum validity period of this certification should not be more than 6 months.

(_____)

註冊醫生簽署及姓名

Signature and Name of Registered Medical Practitioner

Review the **Guidance for COVID-19 Vaccination Medical Exemption Certificate** prior to certifying a medical exemption to ensure all criteria are met.

第一部分：「復必泰」或「克爾來福 (科興)」的禁忌症

Part I: Contraindications to Comirnaty (BioNTech) and CoronaVac (Sinovac)

請在適當 位置加上√。 Please √ the appropriate box(es).

請注意，必須選填「復必泰」及「克爾來福 (科興)」適當 位置。

Please note that you must √ at least one box for both Comirnaty (BioNTech) and CoronaVac (Sinovac).

如以上條件不適用，請選填第二部分。 If the above criteria is not applicable, please proceed to Part II.

醫學原因 Medical Reason(s)	
復必泰 Comirnaty (BioNTech)	克爾來福 (科興) CoronaVac (Sinovac)
<input type="checkbox"/> 曾對如接種須知所述「復必泰」活性物質或其他成分有過敏反應 Allergy to the active substance or any of the other ingredients of this medicine as stated on the fact sheet <input type="checkbox"/> 於接種信使核糖核酸2019 冠狀病毒病疫苗後患有心肌炎或心包炎 Myocarditis or Pericarditis following a mRNA COVID-19 vaccine	<input type="checkbox"/> 對其他滅活疫苗*；或如接種須知所述「克爾來福」疫苗中的任何成分(活性或非活性成分，或生產工序中使用的任何物質)有過敏史；過往發生過疫苗嚴重過敏反應(如急性過敏反應、血管神經性水腫、呼吸困難等) History of allergic reaction to other inactivated vaccine*, or any component of CoronaVac (active or inactive ingredients, or any material used in manufacturing process as stated on the factsheet); previous severe allergic reactions to other vaccine (e.g. acute anaphylaxis, angioedema, dyspnea, etc.) <input type="checkbox"/> 患有嚴重神經系統疾病(如橫貫性脊髓炎、格林巴利綜合症、脫髓鞘疾病等) Severe neurological conditions (e.g. transverse myelitis, Guillain-Barré syndrome, demyelinating diseases, etc.) <input type="checkbox"/> 未控制的嚴重慢性病患 Uncontrolled severe chronic diseases

* 滅活疫苗如滅活小兒麻痺疫苗、滅活流感疫苗等。

Inactivated vaccines such as inactivated polio vaccine, inactivated influenza vaccine etc.

第二部分：既有身體狀況／新冠疫苗接種異常事件

Part II: Pre-existing condition/ Adverse event following COVID-19 immunisation

請在適當 位置加上√。請注意，必須選填一個 位置，以符合醫學豁免要求。

Please √ the appropriate box(es). Please note that you must √ at least one box in order to fulfill the medical exemption requirement.

醫學原因 Medical Reason(s)
<input type="checkbox"/> 對所有本港現行提供的 2019 冠狀病毒病疫苗曾出現嚴重過敏反應或過敏反應 Severe allergic reaction or anaphylaxis to all currently available COVID-19 vaccines <input type="checkbox"/> 特定醫學原因(請註明): Specific medical condition(s) (please specify): _____