

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 <input type="checkbox"/> 懷孕期或哺乳期婦女 Pregnant or lactating women

* 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): _____