

Application Form for Voluntary Influenza Vaccination 自費參加預防流感疫苗注射申請表格

1. Please complete in BLOCK LETTERS in the Enrollment Form. 請用英文正楷填妥報名表格

Company Name (Must)
公司名稱 (必須填寫): _____

Applicant Name (Must)
參加者姓名 (必須填寫): _____

Employee or Dependants 員工或家屬 (please indicate 請列明)

HKID No. (Must)
身份証號碼 (必須填寫): _____

Mobile (Must)
手提電話 (必須填寫): _____

Home / Office Tel.
住宅 / 公司電話: _____

E-mail (Must)
電郵地址 (必須填寫): _____

Sex
性別: _____

Date of Birth (Must)
出生日期 (必須填寫): _____

(DD/MM/YY)
(日 / 月 / 年)

History of influenza vaccination (Must)
過往曾經有否接種過流行性感冒針疫苗 (必須填寫): _____

Y / N 有 / 無

Resident Address (Must)
居住地址 (必須填寫): _____

Vaccine Date (Must)
注射日期 (必須填寫): _____

Vaccine Location (Must)
注射地區 (必須填寫): _____

Please refer to vaccine location 請參考注射地區

Vaccine Location: Central, Wanchai, Causeway Bay, Quarry Bay, Cheung Sha Wan, Mongkok, Jordan, Ngau Tau Kok, Tsuen Wan, Shatin
注射地區: 中環、灣仔、銅鑼灣、鯉魚涌、長沙灣、旺角、佐敦、牛頭角、荃灣、沙田 (please √ your choice 請√閣下的選擇)

1. The Following People Could Not Get Flu Vaccination 下列人士不可接受注射:

- Those who are sensitive to eggs 對雞蛋敏感人士
- Those who are sensitive to Neomycin (antibiotic) 對 Neomycin (抗生素) 敏感人士
- Those with high fever 發高燒人士

2. After receiving enrollment form and payment, all participants will receive receipt via E-mail (Receipt will show vaccine date and address)
當收到參加表格及付款後，各參加者均可由其電子郵箱收到收據 (收據會列明注射日期及地址)

3. Please present the receipt for the influenza vaccination upon arriving the clinic. Failure to show this original receipt, you will not be served by clinic. 請緊記攜帶由維健醫務有限公司發出的收據正本到診所，如未能出示收據正本者將不獲注射。

4. Payment Method 付款方法: \$85/dose 針

- Cheque / Bank Draft payment 支票 / 銀行本票 HK\$港幣 _____, payable to "Health Maintenance Medical Practice Limited" 抬頭人請書 "維健醫務有限公司"
- Credit Card payment 信用卡 Visa 咭 Master 萬事達咭 HK\$港幣 _____ Cardholder's Name 持咭人姓名 _____
Credit Card No 信用卡賬戶號碼 _____ Expiry Date 有效期至 _____

* I would like to enrol myself/ my dependent(s) listed above for the vaccination program provided by Health Maintenance Medical Practice Ltd. (HMMP Ltd.). I hereby acknowledge that the information which I am required to provide in this application is voluntary. I also understand the above information will only be used by HMMP Ltd., its clinic network and its administrative company for providing medical services to the above participant(s). I warrant that the above information is true, correct and complete. I further authorize HMMP Ltd. to verify any of the above information with any source. *本人/家屬同意參加由維健醫務有限公司提供的感冒疫苗注射。本人茲聲明本人為此申請所提供之資料乃出於自願，本人同意維健醫務有限公司及其他診所網絡，及其行政公司可使用以上各項資料，作為其服務之用途。本人保證上述各項資料正確無誤及授權核對一切資料。

Signature*
簽署: _____

Date
日期: _____

5. Please send a complete form and cross cheque to Unit A2, 12/F., Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong. if you pay by cheque or fax the form to us if you pay by credit card. (Fax No. : 2302 0500) 若閣下用支票付款，請將填妥之表格及劃線支票寄回香港中環干諾道中 148 號粵海投資大廈 12 樓 A2 室；若閣下用信用卡付款，請傳真至 2302 0500。

6. For any queries, please call at 2302 0418. 如有任何查詢，請電 2302 0418.