

[Date of issue of letter 發出日期]

To whom it may concern
敬啟者

Medically Not Suitable for COVID-19 Vaccination
因健康理由不適合接種 2019 冠狀病毒病疫苗

This is to certify that the following person
茲證明以下人士

Name 姓名

(as in identification document
(如身分證文件)

:

Date of Birth 出生日期

(Optional 可選擇是否填寫)

:

(DD/MM/YYYY)

**Document Type &
Number**

證件種類及號碼

(Optional 可選擇是否填寫)

HKID number 香港身份證號碼 _____

Passport number 護照號碼 _____

Others, please specify type and number

其他，請註明種類及號碼 _____

is considered not suitable to receive COVID-19 vaccination due to the following medical reason(s):

基於以下醫學原因不適合接種 2019 冠狀病毒病疫苗：

Vaccine Name 疫苗名稱 ⁽¹⁾	Medical Reason(s) 醫學原因 ⁽²⁾
<input type="checkbox"/> Comirnaty (BioNTech) 復必泰	
<input type="checkbox"/> CoronaVac (Sinovac) 克爾來福	
<input type="checkbox"/> Others, please specify 其他，請註明 _____	

Remarks 註:

(1) Please ✓ appropriate box(es). Can choose more than one vaccine name. 請在適當□位置加上✓。可選擇多於一款疫苗名稱。

(2) Please provide medical reason(s) for EACH type of vaccine chosen. 請提供選擇每款疫苗的醫學原因。

The above assessment is made on _____ [date], and is subject to review on _____
[date]*/ remains valid until a new type of vaccine is available in Hong Kong for assessment*. (*delete as appropriate)

上述評估於_____ [日期]進行，並將於_____ [日期]再作覆核*/並有效直
至本港有新款疫苗以供評估*。（*刪去不適用的部分）

(_____)
Signature and Name of Registered Medical Practitioner
註冊醫生簽署及姓名