

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 <sup>(1)</sup>                                   | Medical Reason(s) 醫學原因 <sup>(2)</sup> |
|--|---------------------------------------|
| <input type="checkbox"/> Comirnaty (BioNTech)<br>復必泰               |                                       |
| <input type="checkbox"/> CoronaVac (Sinovac)<br>克爾來福               |                                       |
| <input type="checkbox"/> Others, please specify<br>其他，請註明<br>_____ |                                       |

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