**Appendix A to Service Specifications**

**Declaration form for personnel who are**

**unable to receive vaccination due to health reason**

[The completed form is to be kept by the

responsible person of the company for checking]

Name of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) (mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) am a staff member of the above company. I am unable to receive COVID-19 vaccination due to health reason, and have made available a copy of the medical certificate issued by a medical practitioner to my employer. I will undergo COVID-19 testing every 3 days or at other intervals as specified by the Government from time to time. I will keep the original of the above medical certificate and the SMS (mobile phone text message) notification of the test result for 31 days for checking upon request by the Designated Quarantine Hotel Scheme Office of the Food and Health Bureau.

I also understand the validity period of the medical assessment is 3 months or less subject to date of medical review by the medical practitioner and the Government reserves the right to amend the validity period of such medical certificates as and where necessary.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**基於健康理由不適合接種疫苗**

**申報表格**

**[此表格填妥後須由公司負責人保存以供查核]**

公司名稱：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

本人 (姓名) (手提電話：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)，為上述公司的員工。本人基於健康理由不適合接種新冠疫苗，並已向僱主出示由醫生所發出的證明書。本人會每 3 天一次或按政府所發出的指示進行有關 2019 冠狀病毒病的核酸檢測。本人會保存上述醫生證明書正本及檢測結果短訊記錄 31 天，以供食物及衞生局轄下的指定檢疫酒店計劃辦事處查核。

本人亦明白醫生證明書的有效期為3個月或以下，以醫生進行的覆核日期為準。政府保留權利在有需要時修改該等證明書的有效期。

簽名： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix B to Service Specifications**

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