The Hong Kong University of Science and Technology
Health Safety and Environment Office

Consent Form

I consent to allow my child to attend medical consultation arranged by the Health, Safety & Environment office (HSEO) under the University's Medical Surveillance Programme. The programme requires students who are at risk of exposure to hazardous agents including biohazardous materials or high-power lasers to: -

1. attend physical examination conducted by the University's Occupational Physician

2. permit collection of blood sample for serum banking; HEP B antigen & antibodies test (if needed)

3. receive ATT & HEP B vaccination (if required)

4. attend eye examination conducted by the ophthalmologist (if needed)

The personal details of my child

Name of recipient (in English) : _____

Name of recipient (in Chinese) : _____

Gender : _____

Date of Birth : _____

HKID Number : _____

_____

Parent's Name (Mother/Father)

Date :