

“Green Channel” Application Form (2022)

Starting from 24 February 2022, all persons including staff, students, dormitory and staff quarter's residents, contractors and visitors must have received at least one dose of COVID-19 vaccination OR undergone a COVID-19 test taken at least once every week in order to gain entry to the College. A "green channel" will be set up at the main entrance of the College for vaccinated staff and students to enter the College effectively. Staff and students of the College can complete this form and submit to the Facilities Management Office (W102) in person. Once the vaccination record is verified, applicants can enter the Campus through the "green channel" by their staff card or student card. The applicant agrees that all personal data provided through this form will be used to implement the College's COVID-19 vaccination requirements.

Disclaimer

The personal data provided through this form will be used to implement the College's COVID-19 vaccination requirements and accessible to staff handling such matters. The personal data collected will not be kept when no longer required. The College may transfer or disclose the information collected to other parties within the College, government departments or relevant parties or when required by law or in response to requests from law enforcement authorities, government departments or regulatory authorities, or where required to ensure public health. You have the right to request access to and correction of your personal data provided in this form. Enquiries regarding the data collection can be directed to the College in written.



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Student / Staff

1.	Name	
2.	Staff No. / Student Card No.	
3.	Department (Staff) / Name of Programme (Student)	
4.	Contact No.	
5.	Doses of COVID-19 vaccine I received/booked	1 / 2 / 3
6.	Date of 1st dose of COVID-19 vaccine (dd/mm/yyyy)	
7.	Date of 2nd dose of COVID-19 vaccine (dd/mm/yyyy)	
8.	Date of 3rd dose of COVID-19 vaccine (dd/mm/yyyy)	
9.	I have a medical certificate showing I am unfit to receive COVID-19 vaccination due to medical reasons Date of the medical certificate issued (dd/mm/yyyy)	

Declaration

I declare that all the above information is true.

Signature : _____ Date : _____

OFFICE USE ONLY

	Staff Signature	Date
Checked by		
Verified by		
Access Card No.:		
Filing Ref. No.		