

**Prevention and Control of Disease  
(Compulsory Testing for Certain Persons) Regulation  
(Cap. 599 sub. leg. J)  
Compulsory Testing for RCHE and RCHD Staff**

**Certificate of Exemption from Payment of Testing Expenses  
(in Community Testing Centres/Mobile Specimen Collection Stations/  
Temporary Testing Centres)**

[For completion by RCHEs/RCHDs in duplicate, with the original to be used and kept by  
RCHE/RCHD staff and the duplicate to be filed by the RCHE/RCHD for inspection by the  
Social Welfare Department]

**Particulars of the person exempted from payment of testing expenses**

(Note: RCHE/RCHD staff shall present the original of this certificate to the community testing centre/mobile specimen collection station/temporary testing centre on the day of testing for verification of identity. They will not be charged for the test.)

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| Name of the RCHE/RCHD:   |  |
| Telephone no. of the RCHE/RCHD:  |  |
| LORCHE/LORCHD no. :  |  |
| Name of the person undergoing the test:  |  |
| Identity card no. :  |  |
| Categories of persons exempted from payment of testing expenses:   | <input type="checkbox"/> Those who are unfit to receive COVID-19 vaccination due to medical conditions supported by a valid medical certificate and have presented the certificate to the RCHE/RCHD<br><input type="checkbox"/> Those who have received their first dose of a COVID-19 vaccine and presented their COVID-19 vaccination record/ electronic vaccination record to the RCHE/RCHD<br><input type="checkbox"/> Those who have received two doses of a COVID-19 vaccine less than 14 days before and presented their COVID-19 vaccination record/electronic vaccination record to the RCHE/RCHD<br><input type="checkbox"/> Those who have received two doses of a COVID-19 vaccine at least 14 days before, chose to undergo the test voluntarily and presented their COVID-19 vaccination record/electronic vaccination record to the RCHE/RCHD |
| Applicable period of the Certificate of Exemption from Payment of Testing Expenses (invalid after the applicable period) : | ____ round of compulsory testing for RCHE/RCHD staff<br>(i.e. to undergo the Specified Test from _____ to _____)   |

**Declaration:**

1. We/I have checked the medical certificate/vaccination record\* of the above person undergoing the test and confirmed that he/she is eligible for exemption from payment of testing expenses before issuing this Certificate of Exemption from Payment of Testing Expenses.
2. All information submitted and the relevant supporting documents maintained by me are true and correct. I understand that I shall be liable if I knowingly submit/maintain any false information or withhold any particular, and/or mislead the Government into processing exemption from payment of testing expenses for this round. I also understand that the Government reserves all rights to take further actions, including but not limited to recovering the testing expenses from the RCHE/RCHD and/or the person having been exempted.

Stamp of the  
RCHE/RCHD

Signature of the operator/Home Manager of RCHE/RCHD : \_\_\_\_\_

Name of the operator/Home Manager of RCHE/RCHD : \_\_\_\_\_

Post : \_\_\_\_\_

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

\* Please delete as appropriate