

### 中華基督教會基協中學 家長通告 23009《23-24季節性流感疫苗學校外展計劃》1/9/2023 九龍黃大仙東頭村道一六一號 ☎:2320 4557

#### 敬啟者:

衞生防護中心指出每年一月至三月為季節性流感高峰期,疫苗接種是預防季節性流感及其併發症最有效的方法之一。為了降低因感染季節性流感而引起的嚴重併發症和住院治療的風險,衞生防護中心現推出 23-24 季節性流感疫苗學校外展計劃,未曾接種 23-24 季節性流感疫苗的學生,均符合資格免費參與校內季節性流感疫苗的接種活動。家長須為學生填妥並簽署同意書,以表示同意提供學生的個人資料給予政府或其他相關的醫療機構。無論同學參加與否,同學請於 2023 年9月6 日前將申請表格及回條簽妥後交回班主任。經衞生署配對,「莊柏醫務中心有限公司」將到校為學生提供接種活動,詳情如下:

接種日期:	2023 年 10 月 13 日			
接種時間:	下午2:00 至 下午 4:00			
疫苗種類:	滅活疫苗(注射式)			
費用:	免費			
帶備物品:	1. 學生手冊			
	2. 香港身份證			
	3. 流感疫苗接種記錄卡(如有)			
注意事項:	1. 如學生在報名參加接種活動後已接種 23-24 季節性流感疫苗,請立即通知梁			
	嘉俊老師。			
	2. 對任何疫苗成分或接種任何流感疫苗後曾出現嚴重過敏反應的人士,不宜接			
	<b>種滅活流感疫苗。</b>			
	3. 如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過敏反應,患者必須			
	立即求醫。			
	4. 如接種當天缺席、發燒或身體不適將不會提供接種服務。			
	5. 請提醒 貴子女接種當天早上要進食早餐及午餐。			
	6. 請安排 貴子女穿著體育服,以方便接種。			
	7. 如接種當天因例如惡劣天氣、傳染病爆發等出現停課安排,當天的接種活動			
	將會取消,並另作安排。			

家長對接種疫苗活動有任何查詢,歡迎致電 2320 4557 聯絡健康校園小組梁嘉俊老師或致電 36909602(WhatsApp 92022049)聯絡莊柏醫務中心有限公司查詢。

此致

貴家長

校長





謹啟

【回條】23009《23-24季節性流感疫苗學校外展計劃》
請於9月6日或之前交回梁嘉俊老師
敬覆者:
來函備悉,本人 □同意/□不同意 敝子弟參加「23-24季節性流感疫苗學校外展計劃」,本人
當督促敝子弟遵從學校導師之指導,並同意在校方合理安全措施下,學生之安全須自行負責。此外,
兹聲明敝子弟健康良好,適宜參與活動,亦清楚明白接種季節性流感疫苗或會出現一些已知的副作
用。
此覆
基協中學羅校長
家長簽署:

學生姓名:\_\_\_\_\_

班 別:\_\_\_\_\_ 學號:\_\_\_\_

2023年9月1日

附件:

- 1. 《2324季節性流感疫苗學校外展(免費)計劃-中學申請表格》
- 2. 《季節性流感疫苗副作用資料頁》

#### 2023/24季節性流感疫苗學校外展(免費)計劃-中學 注射式疫苗

埴寫	注	音	車	百	

● 請仔細閱讀第一至第三部分的資料。請用黑色或藍色原子筆以正楷填寫適當的部分,並在合適的 □ 內加上「✓」號。

● 如同意接種,請只 ● 如不同意接種,請			<b>持</b> 填寫第四部分及第五部分。		
(如同意接種)第四	9部分【同意	書 - 注射式疫苗】(	請家長填妥後交回學校)		
(一)學生資料			(三)疫苗接種記錄		
學校名稱:			貴子女是否曾經接種流感疫苗?		
		性別: □ 男	□ 是,最近一次接種日期: □ 月/ □ □ 年		
班別: 現	圧號:	口女 口女	口否		
學生姓名[中文] (請依照」	身份證明文件填寫	寫)	(四)接種同意書		
姓: 名:			● 本人已閱讀及明白附頁第一至第三部分流感疫苗		
學生姓名[英文] (姓氏先行	行,名字隨後)		接種資料的內容,包括禁忌症和收集個人資料的用途聲明,及「 <b>同意</b> 」小兒/小女(左附資料)接種		
姓			衞生署安排之 2023/ 24 年度流感疫苗,並同意學校		
名			提供相關資料予衞生署安排的疫苗接種隊作核對		
出生日期: [ ] 日/	月/	」 年	之用 (如有需要)。		
(二)身份證明文件			□ 本人聲明小兒/小女(左附資料)並沒有附頁第二		
請填寫以下 (i) 或 (ii)			部分所述的任何禁忌症。		
27 X X X X X X X X X X X X X X X X X X X					
(i) 香港身份證號碼:		囗 ( □ ) 及	家長/監護人簽署:		
ATT 20 17 HAT .			家長/監護人姓名:		
簽發日期:	」日/	上上午	家長/監護人身份證明文件及號碼:		
(::) 甘州自州梁阳子州	- 学事子-17日		□ 香港身份證號碼: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
(ii) 其他身份證明文件,請註明			□ 其他身份證明文件,請註明		
類別:			類別: 號碼:		
			與學生關係: □ 父 □ 母 □ 監護人		
业业须随问点	息音附上故身份語	包明义件的副本	家長/監護人聯絡電話:		
			簽署日期:     日/     月/     年		
			「「「「」」」   「「」」   「「」」   「「」」   「「」」   「「」」   「「」」   「「」   「」   「「」   「」   「」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「 」   「		
(i) 如 貴子女 (適用於已			接種日前已接種 2023/24 年度流感疫苗,請立即通知學校。接種疫苗。請到疫苗資助計劃下的私家診所接種疫苗。		
		同意書 - 注射式疫苗			
VIET TOOKS ET A			• 本人已閱讀及明白附頁第一至第三部分流感疫苗接種		
學生姓名[英文] (姓氏先行	行,名字隨後):		資料的內容,包括禁忌症和收集個人資料的用途聲明,		
姓			及 不同意 小兒/ 小女(左附資料)接種衞生署安排		
			之 2023/ 24 年度流感疫苗。 家長/監護人簽署:		
名			家長/監護人姓名:		
		□男	與學生關係:□父□母□監護人		
班別:   班	<b>王號:</b>	性別: 口女	<b>簽署日期:</b>		
第六部分 以下資	彩只由提供	快疫苗接種的醫護	員填寫		
		接種			
□ 有為學生接種流感疫	苗				
□沒有為學生接種流感	疫苗,原因是學	生:			
□ 缺課	□拒絕接種	□身體不適	□ 其他 (請註明:)		
接種職員簽署:					
已配對醫生姓名:					
外展日期:					

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最後更新: 2023年4月

#### 2023/24季節性流感疫苗學校外展(免費)計劃 - 中學 注射式疫苗



#### 第一部分【給家長/監護人的信】(請家長保留)

致:家長/監護人

為提升學童的季節性流感疫苗(流感疫苗)接種率,衛生署於2023/24學年推行季節性流感疫苗學校外展(免費)之計劃。 貴 子女就讀的學校已參加此外展計劃。衛生署將於 \_2023 年 10 月 13 日 (日期)安排疫苗接種隊(由衛生署或透過公私 營合作之醫療機構) 到校為學童提供免費季節性流感疫苗接種

是次接種活動將使用注射式-四價滅活季節性流感疫苗為同意的學生接種。

請細閱本檔內第二部分及第三部分的資料後填妥回條(即第四部分或第五部分),並於 2023年9月6日 (日期)或 之前將回條交回學校。逾期遞交可能不獲接納

如有查詢,請於辦公時間內致電衞生署: 2125 2128 (計劃安排)或3975 4872 (接種疑問)。

衞生署衞生防護中心 項目管理及疫苗計劃科

2023年8月

#### 二部分【滅活季節性流感疫苗(注射式)的資料】

請仔細閱讀資料。如你對 貴子女是否適宜接種流感疫苗 有任何疑問,請先諮詢家庭醫生意見。

#### 1. 甚麼是流行性感冒?

- 流行性感冒(簡稱流感)是一種由流感病毒引致的急性呼 吸道疾病。病毒主要透過呼吸道飛沫傳播,患者會出現發 燒、喉嚨痛、咳嗽、流鼻水、頭痛、肌肉疼痛及全身疲倦等 症狀。患者一般會在 2 至 7 天内自行痊癒
- 然而,免疫力較低的人和長者一旦染上流感,可以引致較 重病情,嚴重時更可導致死亡
- 嚴重感染或流感併發症亦有可能發生在健康人士身上。
- 2. 為何建議 6 個月大至 18 歲以下的兒童及青少年(或 中學生)優先接種季節性流感疫苗?
  - 6 個月大至 18 歲以下的兒童及青少年(或中學生)獲建 | 6. 滅活流感疫苗可能有甚麼副作用? 議接種季節性流感疫苗,以減低因流感併發症的入院率和 死亡個案
  - 6 個月大至 18 歲以下的兒童及青少年(或中學生)接種 季節性流感疫苗可預防出現學校爆發和社區傳播
- 3. 兒童需要接種多少劑季節性流感疫苗?

凡 9 歲或以上人士只須每年接種一劑季節性流感疫苗

#### 4. 甚麼是四價滅活季節性流咸疫苗?

- 滅活流感疫苗含有已滅活 (被殺死) 的病毒,以注射模式
- 四價滅活季節性流感疫苗能提供兩種甲型流感病毒和兩 種乙型流咸病毒的保護

#### 誰不宜接種滅活流感疫苗/有甚麼禁忌症?

- 對任何疫苗成分或接種任何流感疫苗後,曾出現嚴重過敏 反應的人士
- 對雞蛋有輕度過敏的人士如欲接種流感疫苗,可於基層醫 療場所接種滅活流感疫苗,而曾對雞蛋有嚴重過敏反應的人 士,應由專業醫護人員在能識別及處理嚴重敏感反應的適當 醫療場所內接種。流感疫苗內雖含有卵清蛋白(即雞蛋白 質),但疫苗製造過程經過反覆純化,卵清蛋白的含量極低, 即使對雞蛋敏感的人士,在一般情況下亦能安全接種,詳情 請向醫生查詢
- 出血病症患者或服用抗凝血劑的人士,應請教醫生
- 如接種當日發燒,應延遲至病癒後才接種疫苗

- 滅活流感疫苗十分安全,除了接種處可能出現痛楚、紅腫 外,一般並無其他副作用。部分人士在接種後6至12小時 內可能出現發燒、肌肉疼痛,以及疲倦等症狀,這些症狀通 常會在兩天內減退。若持續發燒或不適,請諮詢醫生
- 如出現風疹塊、口舌腫脹或呼吸困難等較為罕見的嚴重過 敏反應,患者必須立即求醫

如欲獲取更多資料,請瀏覽 衞生署衞生防護中心網頁

https://www.chp.gov.hk/tc/features/100764.html



## 第三部分【收集個人資料的用途聲明】

#### 收集個人資料目的

- 1. 所提供的個人資料,會供政府作下列一項或多項用途:
  - i. 確認學生個人身份。開設、處理及管理醫健通(資助)戶口,接種費付款,及執行和監察學校外展疫苗接種計劃,包括 但不限於通過電子程式與入境事務處的數據核對;
  - 作為醫療檢查,診斷研究,化驗結果,跟進治療,並供其他專業醫護人員作參考之用;
  - iii. 作統計和研究用途;及作法例規定、授權或准許的任何其他合法用途。
- 2. 就是次疫苗接種作出的疫苗接種記錄,可給公營及私營醫護人員,作為決定及為服務使用者提供所需要的醫療服務的用
- 3. 提供個人資料乃屬自願性質。如果你不提供充分的資料,可能無法獲提供疫苗接種

#### 接受轉介人的類別

4. 你所提供的個人資料,主要是供政府內部使用,但政府亦可能於有需要時,因以上第1及2段所列收集資料的目的而向其 他機構和第三者人士披露

#### 查閱個人資料

5. 根據《個人資料(私隱)條例》(香港法例第 486 章) 第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述,你有權查閱及修 正你的個人資料。本署應查閱資料要求而提供資料時,可能要徵收費用。

6. 如欲查閱或修改有關提供的個人資料,請聯絡:九龍亞皆老街 147C 二樓 A 座衞生防護中心項目管理及疫苗計劃科行政主任 (電話: 2125 2125)。



## 2023/ 24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme INJECTABLE VACCINE – Secondary School

#### Part I: Letter to Parents/Guardians (To be retained by Parents)

Dear Parents/ Guardians,

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme in the School Year 2023/24. The school which your child is attending has joined this Programme. DH will arrange vaccination team (by DH or through medical organization under public private partnership) to provide **free seasonal influenza vaccination** at your child's school on (date).

Quadrivalent Inactivated Seasonal Influenza Vaccine will be provided by injection to the consented students.

Please read the information in Part II and III carefully and <u>fill in the reply slip</u> (either Part IV or Part V) and <u>return it to the school</u> by \_\_\_\_\_\_ (date). Late submission may not be accepted.

For enquiries, please call DH enquiry line during office hours: 2125 2128 (Programme arrangement) or 3975 4872 (Vaccination enquiry).

PMVD, Centre for Health Protection, Department of Health August 2023

#### Part II: Information About Inactivated Seasonal Influenza Vaccines (by injection)

Please read the information carefully. If you have any concerns about the suitability of your child for the vaccination, please consult your family doctor.

#### 1. What is influenza?

- Influenza is an acute illness of the respiratory tract caused by influenza viruses. The virus mainly spreads by respiratory droplets. The disease is characterised by fever, sore throat, cough, runny nose, headache, muscle aches and general tiredness. It is usually self-limiting with recovery in two to seven days.
- However, if persons with weakened immunity and elderly persons get infected, it can be a serious illness and may even cause death.
- Serious infection or complications can also occur in healthy individuals.
- 2. Why are children and adolescents aged 6 months to less than 18 years (or secondary school students) recommended as a priority group to receive seasonal influenza vaccination?
  - Seasonal influenza vaccination is recommended for children and adolescents aged 6 months to less than 18 years (or secondary school students) for reducing influenza related complications such as excess hospitalisations or deaths.
  - Vaccinating children and adolescents aged 6 months to less than 18 years (or secondary school students) can prevent possible school outbreaks and community transmission.
- 3. How many doses of seasonal influenza vaccine (SIV) will my child need?

For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

- 4. What is Quadrivalent Inactivated Influenza Vaccine (IIV)?
  - The IIV contains inactivated (killed) viruses. IIV is given by injection.
  - Quadrivalent IIV is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.

## 5. Who should not receive inactivated influenza vaccine (IIV)/ What are the contraindications?

- People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine
- Individuals with mild egg allergy who are considering an influenza vaccination can be given IIV in primary care setting; individuals with a history of anaphylaxis to egg should have seasonal influenza vaccine administered by healthcare professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions. Influenza vaccine contains ovalbumin (an egg protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very low. Even people who are allergic to eggs are generally safe to receive vaccination. Please consult the doctor for details
- Individuals with bleeding disorders or on anticoagulants should consult the doctors for advice
- In case of fever on the day of vaccination, vaccination should be deferred till recovery
- What are the possible side effects following inactivated influenza vaccine (IIV) administration?
- IIV is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to 2 days. If fever or discomforts persist, please consult a doctor.
- Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

For more detailed information, please visit website of Centre for Health Protection of DH:

https://www.chp.gov.hk/en/features/100764.html

### Part III: Collection of Personal Data - Statement of Purposes

#### Statement of Purpose of Collection of Personal Data

- 1. The personal data provided will be used by the Government for one or more of the following purposes:
- (i) confirm students'identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the School Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
- (ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals;
- (iii) for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law.
- 2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
- 3. The provision of personal data is voluntary. If you do not provide sufficient information, your child/ ward may not be able to receive vaccination.

#### Classes of Transferees

4. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

#### Access to Personal Data

5. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

#### Enquiries

6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to: Executive Officer, Programme Management and Vaccination Division, Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)

# 2023/ 24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme INJECTABLE VACCINE – Secondary School

#### POINTS TO NOTE:

- Please read the information in Part I to Part III carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "\sqrt" into the appropriate box(es).
- If you CONSENT to have your child vaccinated, please complete Part IV (Consent Form) ONLY.
- If you REFUSE, please complete Part V (Refusal Form) ONLY. DO NOT fill in both Part IV and Part V.

AND Date of Issue:   DD/   MM/   YYY   AND Date of Issue:   DD/   MM/   YY   Document No.:   Document No.:   Document No.:   AND Batach a copy of the document to this consent form    Please Note:   Document No.:   Note of Issue:   Document No.:   Document No.:   Note of Issue:   Note o			Form - Injectable Vaccine (To return to school)	
Has your child received seasonal influenza vaccination in the past?   Sc (Lass Mo.:   Gender:   Male   Female		artiv Consent		
Class: Class No.: Gender:   Male   Student's Full Name (as indicated in identity document)  Summe   Su				
Class:   Class No.:   Gender:   Male   Female   Student's Full Name (as indicated in identity document)   Surranne   Su	Sold France			
Student's Full Name (as indicated in identify document)  Surrame    Consent To Administration of Filv VACCINATION		Gender: Male		
VACCINATION    Take   Pare   Parent   P	Class No.:		□ No	
to III, including contraindications, and AGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/23 42 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary.    To Be Filled In By The Healthcare Worker Providing The Vaccination 1 Manual of Enrolled Doctor:   Date of Signature of Vaccination (SIV) was provided to the student:   Date of Signature of Parent/ Guardian:   Date of Signature:   DD/   MM/   YYYY   Date	Student's Full Name (as indicated in iden	tity document)		
I declare that my child (named left) does NOT have ANY of the contraindications as stated in Part II.   Signature of Parent/ Guardian:   Name of Parent/ Guardian:   Name of Parent/ Guardian:   Hengt Kong Identity Card No.:	First Name	YYYY	to III, including contraindications, and AGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/24 and for school to release the related information to the vaccination team arranged by the DH	
Contraindications as stated in Part II.	2. IDENTITY DOCUMENT		101 verification when necessary.	
Name of Parent/ Guardian:   Identity Document of Parent/ Guardian:   Identity Document, please specify:   Document Type:   Document Type:   Document Type:   Document No.:		ow:	☐ I declare that my child (named left) does NOT have ANY of the contraindications as stated in Part II.	
Identity Document of Parent/ Guardian:   Hong Kong Identity Card No:	(i) Hong Kong Identity Card No.: L_		Signature of Parent/ Guardian:	
Hong Kong Identity Card No.:			Name of Parent/ Guardian:	
(ii) Other Identity Document, please specify: Document Type: Document No.:	AND Date of Issue: L DD/ L N	MM/ L YY		
Document Type:				
Document No.:		ecify:		
Relationship with Student :   Father   Mother   Guardian	Document Type:			
AND attach a copy of the document to this consent form    Date of Signature:   DD/   MM/   YYYY				
Please Note: (1) If your child (applicable to consented students) has received the 2023/ 24 SIV before this outreach activity, please inform the school immediately. (2) If your child misses the vaccination at school, no mop-up dose will be provided at school. Please visit any VSS doctor for subsidised vaccination.  (If refusing vaccination) Part V Refusal Form - Injectable Vaccine (To return to school)  Student's Full Name:  Surname	Document No.: L		Relationship with Student :   Father   Mother   Guardian	
Please Note: (1) If your child (applicable to consented students) has received the 2023/ 24 SIV before this outreach activity, please inform the school immediately. (2) If your child misses the vaccination at school, no mop-up dose will be provided at school. Please visit any VSS doctor for subsidised vaccination.  (If refusing vaccination) Part V Refusal Form — Injectable Vaccine (To return to school)  Student's Full Name:  Surname  Injectable Vaccine (To return to school)  In the vaccination of the information in Part I to Part III, including contraindications, and DISAGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/ 24.  Signature of Parent/ Guardian:  Name of Parent/ Guardian:  Name of Parent/ To Be Filled In By The Healthcare Worker Providing The Vaccination  Vaccination Day  Seasonal influenza vaccination(SIV) was provided to the student  SIV was NOT provided to the student as the student:  absent from school refused vaccination had discomfort others (please specify:  Signature of Vaccination Staff:  Name of Enrolled Doctor:  Dr	AND attach a copy of the docume	ent to this consent form		
(1) If your child (applicable to consented students) has received the 2023/ 24 SIV before this outreach activity, please inform the school immediately. (2) If your child misses the vaccination at school, no mop-up dose will be provided at school. Please visit any VSS doctor for subsidised vaccination.  (If refusing vaccination) Part V Refusal Form - Injectable Vaccine (To return to school)  Student's Full Name:  Surname  • I have read and understood the information in Part I to Part III, including contraindications, and DISACREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/ 24.  Signature of Parent/ Guardian:  Name of Parent/ Guardian:  Name of Parent/ Guardian:  Name of Signature:  Date of Signature:  Output  Date of Signature:  Output  Date of Signature:  Output  Date of Signature:  Date of Signature:  Date of Signature:  Date of Signature:  Date			Date of Signature: DD/ MM/ YYYY	
Class   Class No.:   Gender:   Male   Female   Gender:   Date of Signature:   DD/   MM/   YYYY	(1) If your child (applicable to consented student			
Student's Full Name:  Surname  O I have read and understood the information in Part I to Part III, including contraindications, and DISAGREE for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/ 24.  Signature of Parent/ Guardian:  Name of Parent/ Guardian:  Relationship with Student: Father Mother Guardian  Date of Signature: DD/ MM/ YYYY  Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination  Vaccination Day  Seasonal influenza vaccination(SIV) was provided to the student  SIV was NOT provided to the student as the student:  absent from school refused vaccination had discomfort others (please specify:				
including   contraindications, and   DISAGREE   for my child (named left) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/24.    Signature of Parent/ Guardian:   Name of Parent/ Guardian:   Name of Parent/ Guardian:   Relationship with Student:   Father   Mother   Guardian   Date of Signature:   DD/   MM/   YYYYY	(If refusing vaccination) Part V	Refusal Form -	Injectable Vaccine (To return to school)	
to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2023/ 24.    Signature of Parent/ Guardian:   Name of Parent/ Guardian:   Name of Parent/ Guardian:   Date of Signature:   DD/   MM/   YYYY	Student's Full Name :			
Name of Parent/ Guardian:  Class:  Class No.:  Gender: Male Female Parent/ Guardian:  Date of Signature: DD/ MM/ YYYY  Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination  Vaccination Day  Seasonal influenza vaccination(SIV) was provided to the student  SIV was NOT provided to the student as the student:  absent from school refused vaccination had discomfort others (please specify:  Signature of Vaccination Staff:  Name of Enrolled Doctor:  Dr	Surname		to receive the seasonal influenza vaccination as arranged by the	
Class No.:   Gender:   Male   Relationship with Student :   Father   Mother   Guardian		FIFTIE	Signature of Parent/ Guardian:	
Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination  Vaccination Day  Seasonal influenza vaccination(SIV) was provided to the student  SIV was NOT provided to the student as the student:  absent from school refused vaccination had discomfort others (please specify:  Signature of Vaccination Staff:  Name of Enrolled Doctor:  Dr	ivame		Name of Parent/ Guardian:	
Part VI To Be Filled In By The Healthcare Worker Providing The Vaccination  Vaccination Day  Seasonal influenza vaccination(SIV) was provided to the student  SIV was NOT provided to the student as the student:  absent from school refused vaccination had discomfort others (please specify:  Signature of Vaccination Staff:  Name of Enrolled Doctor:  Dr	Class: Class No.:	Cender.		
Vaccination Day   □ Seasonal influenza vaccination(SIV) was provided to the student   □ SIV was NOT provided to the student as the student: □ absent from school □ refused vaccination □ had discomfort □ others (please specify:		☐ Female		
□ Seasonal influenza vaccination(SIV) was provided to the student □ SIV was NOT provided to the student as the student: □ absent from school □ refused vaccination □ had discomfort □ others (please specify:	Part VI To Be Filled In By			
□ SIV was NOT provided to the student as the student: □ absent from school □ refused vaccination □ had discomfort □ others (please specify:)  Signature of Vaccination Staff:  Name of Enrolled Doctor: □ Dr			tion Day	
□ absent from school □ refused vaccination □ had discomfort □ others (please specify:)  Signature of Vaccination Staff:  Name of Enrolled Doctor: □ Dr		-		
Name of Enrolled Doctor: Dr			rt  others (please specify:)	
	Signature of Vaccination Staff:			
Date of Activity:	Name of Enrolled Doctor:		Dr	
	Date of Activity:			

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# 季節性流感疫苗 副作用資料頁 (注射式疫苗)

衞	上署已於(日期)安排疫苗接種隊(由 上署或透過公私營合作)到校為 貴子女接種滅活季節性流感疫 (注射式)。請留意以下資訊:
1.	滅活流感疫苗十分安全,除了接種部位可能會出現痛楚、紅腫 外,一般並無其他副作用。
2.	部分學生在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛,以及疲倦等症狀,這些症狀通常會在兩天內減退。
3.	如持續發燒或不適,請諮詢醫生意見。若出現罕見的風疹塊、 口舌腫脹及呼吸困難等嚴重過敏反應,或嚴重不良情況,如: 手腳麻痺、無力,患者必須立即求醫。
如	有任何關於季節性流感疫苗的疑問,請致電
接種	重隊: (已配對醫生姓名/ 醫療機構名稱)

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最後更新: 2023 年 6 月

# Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on (date). Inactivated SIV (by injection) was provided. Please note the information below:
1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.
If you have any queries regarding SIV, please call
Vaccination Team from:
(Name of Enrolled doctor/ Medical Organisation)