

## 有關季節性流感疫苗到校接種事宜

本校將於 2025 年 1 月 8 日(星期三)，由衛生署分配「蔡文健醫生醫療團隊」到校為本校學生提供第二劑季節性流感疫苗接種服務。請家長細閱以下注意事項：

1. 請接種當天早上必須進食早餐。
2. 請將季節性流感疫苗接種卡交班主任(如有)。
3. 如在接種當日因病未能接受疫苗注射，則需自行帶備學生手冊及身份證/出世紙到指定醫務所：劍橋聯合醫務中心安排接種。(必須預約)  
-屯門新墟：5333 8449/2441 8896  
-元朗又新街：6532 6383/2475 7713
4. 如需陪同子女接種流感疫苗，請於當天上午/下午\_\_\_\_\_時\_\_\_\_\_分到西門(近社區中心)排隊等候。
5. 如不陪同子女接種流感疫苗，則會由班主任/教職員陪同接種。

此致

\_\_\_\_\_ ( )家長

順德聯誼總會

屯門梁李秀娛幼稚園

2025 年 1 月 2 日



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### 回條

本人為\_\_\_\_\_ ( ) 學生之家長，將會陪同 / 不陪同  
子女接種流感疫苗。

\* 請於 1 月 6 日(星期一)或之前將回條交回班主任處。

家長簽署：\_\_\_\_\_

日期：\_\_\_\_\_

## Notice For the Seasonal flu vaccination

To \_\_\_\_\_ ( ) Parents :

The assigned doctor Tsoi Man-kin from the Health Department and his medical team will come to our school to provide the second dose of seasonal influenza vaccination service for our students on Wednesday, 8 January 2025(Wednesday). Parents are requested to read the following notes carefully:

1. Please ensure that your child has eaten some food before injection on the vaccination day.
2. Please hand the seasonal flu vaccination card to the class teacher (if available).
3. If your child is unable to receive the vaccine on the day of vaccination due to illness, they must bring their student handbook and identification card/birth certificate to the designated clinic : Cambridge United Medical Centre for vaccination (appointment is necessary).

- Tuen Mun Heung Sze Wui Road: 5333 8449/2441 8896

- Yuen Long Yau San Street: 6532 6383/2475 7713

4. If you need to accompany your child for the flu vaccination, please arrive at the West Gate (near the community center) to queue at \_\_\_\_\_:\_\_\_\_\_ AM / PM.

5. If you do not accompany your child for the flu vaccination, they will be accompanied by the class teacher or staff.

Shun Tak Fraternal Association  
Tuen Mun Leung Lee Sau Yu Kindergarten  
January 2, 2025



### Reply Clip

I am the parent of \_\_\_\_\_ ( ). I will / will not accompany my child for the flu vaccination.

\* Please hand in the reply clip to class teacher on or before January 6(Monday).

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

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