

2025/26 季節性流感疫苗學校外展計劃

本校將於 2025 年 11 月 14 日(星期五)，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一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，請於上午/下午_____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，則會由教職員陪同接種。
6. 如首次接種季節性流感疫苗需要接種第二劑加強疫苗，第二劑疫苗日期為 2026 年 1 月 23 日(星期五)上課時間內進行，詳情稍後個別通知。

此致

_____()家長

順德聯誼總會

屯門梁李秀娛幼稚園

2025 年 10 月 17 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 10 月 24 日(星期五)或之前將回條交回班主任處。

家長簽署：_____

日 期：_____



2025/26 Seasonal Influenza Vaccination School Outreach Programme

To _____ () parents:

Our school will arrange 'Dr. Tsoi Man-kin Medical Team' assigned by Department of Health to provide the first dose of seasonal influenza vaccination service for our students on 14, November (Friday). Please carefully read the following precautions:

1. Please make sure to have breakfast on the vaccination day morning.
2. Please submit the Seasonal Influenza Vaccination Card to class teacher (If you have one).
3. If the child is unable to receive the vaccination on that day due to sickness, you need to bring the student with handbook and ID card/Birth certificate to the designated clinic "Cambridge United Medical Centre " to receive the vaccination (Please make an appointment first).

- San Hui, Tuen Mun : 5333 8449/2441 8896

- Yau San St., Yuen Long : 6532 6383/2475 7713

4. If you'd like to accompany your child to get the influenza vaccination, please queue at the West Door (nearby the community center) at _____ AM / PM.
5. If parents don't accompany your child to get the influenza vaccination, the child will be accompanied by teachers.
6. After receive the first seasonal influenza vaccination, the child needs to get the second booster dose vaccination. The second dose will be administered during school hours on 23 January (Friday), 2026. The details will be notified by individually later.

Shun Tak Fraternal Association

Tuen Mun Leung Lee Sau Yu Kindergarten

17 October, 2025

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Reply Slip

I am the parent of student _____ () , I will / will not accompany my child to get the flu vaccination.

* Please return it to class teacher by 24,October (Friday)

Parent Signature: _____

Date: _____