

2026/27 季節性流感疫苗學校外展計劃

本校已安排外展疫苗接種團隊到校為學生接種季節性流感疫苗。詳情如下：

- ★ 獲配對的服務醫生姓名：蔡文健醫生
- ★ 服務醫生所屬的醫療機構名稱：劍苗醫療有限公司
- ★ 注射疫苗日期：第一劑疫苗：2026 年 10 月 30 日(星期五)上課時間內
第二劑疫苗：2026 年 12 月 4 日(星期五)上課時間內
- ★ 家長可陪同子女接種疫苗(時間稍後通知)或由老師陪同接種疫苗。
- ★ 無論是否同意參與此季節性流感疫苗學校外展計劃，均需填妥派發之表格並於 2026 年 9 月 14 日或以前交回學校，以便將資料交予衛生署。
- ★ 有關同意書填寫細節及提供證件副本細則，請於 eClass/學校網頁通告欄內參閱附頁。
- ★ 由醫生提供的疫苗全部均為香港衛生署標準註冊的流感疫苗，將採用的注射式流感疫苗將採用的疫苗名稱為：
 - 葛蘭素
 - 賽諾菲
 - 雅培

一般而言，接受季節性流感疫苗是十分安全的，除了接種處可能出現痛楚、紅腫外，一般並無其他副作用。部分人士會在接種後 6 至 12 小時內可能出現發燒、肌肉和關節疼痛，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、不適或其他嚴重反應，請諮詢醫生。醫療機構會帶備急救儀器及藥物，為有可能出現即時反應的接種者提供支援。



順德聯誼總會
屯門梁李秀娛幼稚園
2026 年 9 月 1 日

2026/27 Seasonal Influenza Vaccine School Outreach Programme

Our school has arranged an outreach vaccination team to conduct on-campus seasonal influenza vaccination for students. The details are as follows:

- ★ Assigned Medical Practitioner: Dr. Choi Man Kin
- ★ Affiliated Medical Institution: Vacc Medical Limited
- ★ Vaccination Dates: First Dose: During school hours on 30 October 2026 (Friday)
Second Dose: During school hours on 4 December 2026 (Friday)
- ★ Parents may accompany your children to receive the vaccination (specific time to be announced later). Alternatively, students will be accompanied by teachers during vaccination.
- ★ Parents are required to complete and return the distributed form to school on or before 14 September 2026, regardless of whether you agree to your children's participation in this vaccination programme. All collected information will be submitted to the Department of Health for official records.
- ★ Please refer to the annex posted in the announcement section of the eClass platform and the school website for detailed instructions on completing the consent form and submitting copies of required documents.
- ★ All vaccines provided by the attending doctor are officially registered with the Department of Health of Hong Kong. The injected seasonal influenza vaccines used are manufactured by the following brands:
 - GlaxoSmithKline
 - Sanofi Pasteur
 - Abbott

Seasonal influenza vaccination is generally very safe. Common mild reactions include pain, redness and swelling at the injection site, while no other adverse effects are usually observed. Some recipients may develop fever, muscle and joint pain, fatigue and other mild symptoms 6 to 12 hours after vaccination. These symptoms typically subside within two days. Please seek medical consultation if persistent fever, prolonged discomfort or any other severe adverse reactions occur. The medical team will bring first-aid equipment and medications on-site to provide immediate support for students who may experience acute reactions after vaccination.

Shun Tak Fraternal Association
Tuen Mun Leung Lee Sau Yu Kindergarten
1 September 2026



同意書注意事項 Points to note on Consent Form

1. 請於同意書【第二部分 第3項】上清晰剔選接種意向，並填寫家長資料（包括：香港聯絡手機號碼）和簽署。

Please indicate clearly the consent to receive the vaccine, fill in parent's information (including a Hong Kong mobile phone number) and **SIGN** accordingly in [Part II #3].

3. 同意

☒ 本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 **同意** 本人/本人子女/受監護者（上附資料）接種政府安排之 2026/27 年度流感疫苗第一劑及第二劑，並聲明本人/本人子女/受監護者（上附資料）沒有於附頁疫苗種類所述的任何禁忌症，以及同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用（如有需要）。（9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。）

家長/監護人/18 歲或以上之疫苗接種者* 姓名：
家長/監護人/18 歲或以上之疫苗接種者* 簽署：如不識字者可用指紋代替 **Signature**

與疫苗接種者關係（如適用）
☐ 父 ☐ 母 ☒ 監 ☐ 3. CONSENT
聯絡電話：
簽署日期：
Name of Parents/ Guardian/ Vaccine Recipient Aged 18 or above*: **Signature**
Relationship with Vaccine Recipient: (If Applicable)
☐ Father ☐ Mother ☐ Guardian
Contact Telephone No.:
Date of Signature:

2. 如同意學生接種，請於【第一部分和第二部分】填寫齊備、正確和最更新的資料。如為同意則無需填寫【第三部分】。

If it is agreed that your child will receive the vaccine, please provide complete, correct and update-to-date information in [Part I & II]. Please ignore [Part III] if a CONSENT is given.

3. 如學生並非持有香港身份證/出生證明書，必須隨同意書附上該身份證明文件的副本。（請參考證件副本注意事項）

If your child does not have a Hong Kong Birth Certificate/Identity Card, please attach a copy of the document. (Please refer to the points of note on identity documents)

第一部分【疫苗接種者基本資料】
疫苗接種者基本資料
學生姓名[中文] (請依照身份證明文件填寫) 學生姓名[英文] (姓氏先行，名字隨後)
姓： 姓：
名： 名：
性別： ☐ 男 ☐ 女
疫苗接種者就讀的學校： 班別： 班號：
第二部分【接種疫苗同意書】（請填寫第二及第四部分，如拒絕，請填寫第三部分）
1. 疫苗接種者資料
出生日期： 日/ 月/ 年
香港出生證明書號碼： 或
香港身份證號碼：
如果你的子女沒有香港出生證明書/香港身份證，請填寫以下資料：
其他身份證明文件，請註明：
證件類別： 證件號碼：
簽發國家： 並必須隨同意書附上該身份證明文件的副本
2. 疫苗接種記錄
疫苗接種者過往是否曾經接種過流感疫苗？
☐ 是 ☐ 否
如疫苗接種者已於 2026 年 8 月或之後接種 2026/27 季節性流感疫苗，請諮詢家庭醫生是否仍需要接種疫苗。

Part I (Vaccine Recipient's Basic Information)
VACCINE RECIPIENT'S BASIC INFORMATION
Student's Full Name (as indicated in identity document) Surname First Name
Gender: ☐ Male ☐ Female
School which student attends ("School"):
Class: Class No.:
Part II (Consent to Receive Vaccination) (Please Complete Both Parts II and IV. For Refusal, Please Complete Part III)
1. VACCINE RECIPIENT INFORMATION
Date of Birth DD MM YYYY
Hong Kong Birth Certificate (HKBC) number: OR
Hong Kong Identity Card No.:
If vaccine recipient does not have HKBC/HKID, please fill in information below:
Other Identity Document, please specify:
Document Type Document No.:
Issue Country: AND attach a copy of the document to this consent form
2. VACCINATION RECORD
Has the vaccine recipient received seasonal influenza vaccination in the past?
☐ Yes ☐ No
If the vaccine recipient has already received the 2026/27 seasonal influenza vaccine since August 2026, please consult family doctor whether it is still required to receive vaccine.

4. 【第四部分】如學生未滿18歲，可選擇不登記醫健通。如同意登記醫健通，未滿16歲學生需由家長填(甲)(二)部份，請提供香港聯絡手機號碼以收取短訊。

【Part IV】Students under the age of 18 may opt out for registering with eHealth. If you agree to register with eHealth, parents of students under 16 shall complete (a)(2). Please provide a Hong Kong mobile phone number for receiving system notifications.

(乙) 選擇不登記醫健通（只適用於未滿 18 歲之疫苗接種者）
☐ 本人作為疫苗接種者/代決人代表疫苗接種者*，不同意登記參加醫健通。

(b) Opt Out of eHealth Registration (Only applicable to vaccine recipient below 18)
☐ I, being the vaccine recipient/ Substitute Decision Maker on behalf of the vaccine recipient*, DO NOT AGREE to register with eHealth.

(二) 由代決人填寫（例如：家長或監護人）（只適用於 16 歲以下疫苗接種者，或 16 歲或以上而且無能力自行給予同意的疫苗接種者）
☐ 本人作為代決人，同意代表和為疫苗接種者登記參加醫健通，並已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」。
與疫苗接種者關係：
☐ (2) To be filled by Substitute Decision Maker of vaccine recipient aged under 16, or aged 16 or above who is incapable of giving consent (e.g. parent or guardian)
☐ I, being a Substitute Decision Maker, AGREE to register with eHealth for and on behalf of the vaccine recipient and have read and understood the eHealth "Participant Information Notice" and "Personal Information Collection Statement".
代決人 Relationship with vaccine recipient:
英文姓名 ☐ Vaccine recipient aged under 16
Parents/ family member/ person reading with the vaccine recipient/ guardian appointed under the Guardianship of Minors Ordinance (Cap. 131) person appointed by court *
手邊電話 (或傳真) ☐ Vaccine recipient aged 16 or above who is incapable of giving consent
Family Member/ person reading with the vaccine recipient/ guardian appointed under the Mental Health Ordinance (Cap. 136) Director of Social Welfare appointed under the Mental Health Ordinance: person appointed by court *
簽署 Information of the Substitute Decision Maker
Surname in English: Hong Kong Identity Card No.:
First Name in English: For non HK Identity Card holder, please fill in information of other identity document.
Mobile Number (Receive System Notifications by SMS): Document No.:
Signature: Document Type:
Date of Signature:

如同意書上的學生資料有誤或缺漏，醫療機構會聯絡家長要求提供正確資料。If the student information provided is incorrect or incomplete, the medical institution will contact the corresponding parents for verification.

(電話 / Phone / Whatsapp: 96458884 / 90257324 / 95282274 / 95678005)

Points to note on Identity Documents (For students without Hong Kong Identity Card / Birth Certificate)

If the Hong Kong Identity Card / Birth Certificate* Number cannot be provided, please submit a copy of a valid **Identity Document** according to the following order:

*不接受香港以外地區的出生證明文件 / The birth certificates of regions outside Hong Kong are not accepted

疫苗資訊及醫療查詢專線

Vaccine Information and Medical Enquiry Hotline

注射式流感疫苗 / **Injectable Influenza Vaccine**

2026-27年季節性流感疫苗學校外展計劃「醫生提供疫苗模式」供應的注射式疫苗名稱為以下其中一項：雅培藥廠三價流感疫苗（產地為荷蘭），葛蘭素史克藥廠三價流感疫苗（產地為德國）或賽諾菲藥廠三價流感疫苗（產地為法國）。以上均為香港衛生署標準註冊的流感疫苗。「政府提供疫苗模式」的注射式疫苗則按政府疫苗供應而定，有機會隨時更改而不會預先作出通知。詳情請向學校查詢。

Under the 2026-27 Seasonal Influenza Vaccine School Outreach Program "Doctor Supply Vaccine Mode", available **Injectable** vaccines include: Abbott Pharmaceuticals Trivalent Vaccine (manufactured in Netherlands), GlaxoSmithKline Pharmaceuticals Trivalent Vaccine (manufactured in Germany) and Sanofi Pharmaceuticals Trivalent Vaccine (manufactured in France). These influenza vaccines are registered in accordance with the standards of the Hong Kong Department of Health. The **Injectable** vaccine provided by "Government Supply Vaccine Mode" will be determined by the government's stock, and maybe changed without prior notice. Please find the school for more information.

接種注射式流感疫苗（滅活流感疫苗）的人士不需相隔任何日期，包括接種當日，仍可接種其他疫苗，包括及不限於新型冠狀病毒、HPV子宮頸癌、麻疹、流行性腮腺炎及德國麻疹混合疫苗等。

For individuals receiving **Injectable** Influenza Vaccine (Inactivated Influenza Vaccine, IIV), other vaccines can be given on the same day at different injection sites or at any interval, including but not limited to Covid19-vaccine HPV cervical cancer, meningococcus, streptococcus pneumoniae, chickenpox, MMR (measles, rubella, mumps), and Japanese encephalitis vaccine, encephalitis vaccine, etc.

噴鼻式流感疫苗 / **Nasal Spray Influenza Vaccine**

2026-27年季節性流感疫苗學校外展計劃可用的噴鼻式疫苗名稱為：阿斯利康流感疫苗藥廠三價流感疫苗（產地為美國）。此疫苗為香港衛生署標準註冊的流感疫苗。

Under the 2026-27 Seasonal Influenza vaccine school outreach program for 2026-27, available **Nasal Spray** Influenza Vaccine is: AstraZeneca Trivalent Vaccine (Flumist, manufactured in the United States). This is registered in accordance with the standards of the Hong Kong Department of Health.

接種噴鼻式流感疫苗（滅活流感疫苗）的人士，可在同一天於不同部位接種其他滅活疫苗；或於相隔至少4個星期後，才接種另一種滅活疫苗，包括及不限於水痘、麻疹、流行性腮腺炎及德國麻疹混合疫苗及日本腦炎疫苗等）。

For individuals receiving **Nasal Spray** Influenza Vaccine (Live Attenuated Influenza Vaccine, LAIV), other live vaccines **NOT** administered on the same day should be administered at least 4 weeks apart, including but not limited to chickenpox, German measles, MMRV, Japanese encephalitis vaccine, etc.

需接種兩劑流感疫苗的兒童 / **Children who shall receive 2 doses of influenza vaccine**

凡6個月至9歲以下從未接種過流感疫苗的兒童，建議相隔至少28天接種共兩劑流感疫苗。如已年滿9歲，或過往季度曾接種流感疫苗，其後每季只需接種一劑流感疫苗。

For children aged 6 months to under 9 years who have never received any influenza vaccine before, two doses of influenza vaccine with a minimum interval of 28 days are recommended. For children aged 9 years or above, or who received influenza vaccine in previous seasons, only one dose of influenza vaccine is required for each subsequent season.

醫療機構查詢專線 / **Medical Enquiry Hotline**

如對疫苗種類、禁忌症或敏感反應有任何查詢，歡迎致電或WhatsApp醫療機構查詢專線：95678005

If you have any enquiries about vaccine types, contraindications or allergic reactions, please call or whatsapp Medical Enquiry Hotline: 95678005