



Po Leung Kuk
Lo Kit Sing (1983) College

保良局羅傑承(一九八三)中學

Cheung Hong Estate, Tsing Yi, N.T., Hong Kong

香港新界青衣長康邨

Tel: 2497 7110
Fax: 2431 1156

Dear Parents,
各位家長：

P25010

“2025/26 Seasonal Influenza Vaccination School Outreach Programme”
「2025/26 季節性流感疫苗學校外展計劃」

Vaccination is one of the most effective ways to prevent seasonal influenza and its complications. The Centre of Health Protection facilitates schools in arranging outreach vaccination. This year, free outreach vaccination service will be provided to our school by Dr. Wong Chi-Ho Jimmy. Dr. Marcus Lam & Partners on 13th October 2025 (Monday).

To ensure smooth coordination, the consent form of the programme will be distributed on 1 September (Monday) and we kindly request that it shall be returned to Form Teacher by 4 September (Thursday). Please note that late or non-submission of the consent form will be treated as opting out of the vaccination programme. Should you have any enquiries, please contact Ms Chow Pui Yee at 24977110.

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。衛生防護中心正為學校提供外展疫苗注射服務。今學年，我們學校將於 2025 年 10 月 13 日(星期一)由王賜豪醫生提供免費的外展疫苗注射服務。

為確保活動順利進行，本校將於 9 月 1 日(星期一)派發疫苗注射計劃的家長同意書。請於 9 月 4 日(星期四)前交回班主任。請注意，如果同意書逾期或未能提交，將被視為放棄參與此疫苗注射計劃。如有任何查詢，歡迎隨時與周貝怡老師聯絡。(電話:24977110)

Po Leung Kuk Lo Kit Sing (1983) College
保良局羅傑承(一九八三)中學

Law Wing Chung, Principal 羅穎忠校長

1st September, 2025 二零二五年九月一日



適用於參與疫苗資助學校外展（可額外收費）計劃之學童

**衛生署
疫苗資助計劃
使用疫苗資助同意書**

醫健通（資助）交易號碼（由醫生填寫）
只可填寫一個交易號碼

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注意：請用黑色或藍色筆以正楷填寫本同意書。接種兩劑受資助的疫苗須填寫兩份同意書。

在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。

請在適當位置加上“✓”號及*刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人的子女 / 受監護者 * 接種季節性流感疫苗，詳情如下：

醫生姓名	王賜豪醫生	接種日期	13-10-2025
就讀學校名稱	保良局羅傑承（一九八三）中學	班級及學號	
季節性流感疫苗種類及劑次 （請在適當位置加上“✓”號）			
<input checked="" type="checkbox"/> 滅活疫苗 （注射式） <input type="checkbox"/> 滅活疫苗 （噴鼻式）	9 歲或以上學童： <input checked="" type="checkbox"/> 本季度唯一一劑 9 歲以下學童並曾於過往季度接種過一劑或以上季節性流感疫苗： <input type="checkbox"/> 本季度唯一一劑 9 歲以下學童並從未於過往季度接種過季節性流感疫苗： <input type="checkbox"/> 本季度第一劑 <input type="checkbox"/> 本季度第二劑		
接種疫苗者個人資料 （以身份證明文件所載者為準）			
姓名：_____， _____ 英文（姓氏） （名字）		_____ 中文（姓氏） （名字）	
出生日期：____/____/____（日日/月月/年年年）		性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女	
身份證明文件 （十二歲或以上只接受香港居民身份證）			
（請選擇下列其中一項身份證明文件，在適當位置加上“✓”號及填寫所需資料）			
<input type="checkbox"/> 香港出生證明書登記號碼：		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div> ()	
<input type="checkbox"/> 香港居民身份證號碼： 簽發日期：____/____/____（日日/月月/年年年）		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div> () 身份證符號標記： <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U	
<input type="checkbox"/> 香港特別行政區回港證號碼（以"RM"或"RS"開首）： 簽發日期：____/____/____（日日/月月/年年年）		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> R </div>	
<input type="checkbox"/> 香港特別行政區簽證身份書證件號碼（以"D"開首）： 簽發日期：____/____/____（日日/月月/年年年）		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> D </div>	
<input type="checkbox"/> 香港居留期許可證（ID 235B）出生登記編號： 獲准逗留至：____/____/____（日日/月月/年年年）		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div> ()	
<input type="checkbox"/> 非香港旅遊證件號碼（例：外地簽發的護照）： 香港入境處簽證 / 參考編號：		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div> <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div> ()	
<input type="checkbox"/> 生死登記處發出被領養兒童的領養證明書記項編號：		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"> </div>	
<input type="checkbox"/> 如未持有以上證件，請附上其他身份證明文件副本：		證件號碼：_____	

本人已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的，並確認以上接種疫苗者現正就讀香港的中學、小學、幼稚園、幼稚園暨幼兒中心或幼兒中心。

*以下人士不宜接種滅活 流感疫苗/ 有甚麼禁忌症？

- 1) 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
- 2) 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
- 3) 出血病症患者或服用抗凝血劑的人士，應請教醫生

父母 / 監護人簽署：

父母 / 監護人姓名：

與接種疫苗者的關係：

☐父 ☐母 ☐監護人

聯絡電話號碼：

日期：

*如接種當日發燒，應延遲至病癒後才接種疫苗

承諾及聲明

- 1. 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。
- 2. 本人同意把此同意書中本人子女 / 受監護者的個人資料及有關是次會診的任何資料供政府用於「收集個人資料目的」所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人子女 / 受監護者使用政府資助以接種疫苗事宜。
- 3. 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
- 4. 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

收集個人資料目的聲明

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：
 - (a) 開設、處理及管理醫健通（資助）戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於通過電子程序與入境事務處的數據核對；
 - (b) 作統計和研究用途
 - (c) 接收由政府提供的疫苗接種資訊；以及
 - (d) 作法例規定、授權或准許的任何其他合法用途。
- 2. 就是次會診作出的疫苗接種記錄，可給公營及私營醫護人員取得，作為決定及提供服務使用者所需要的醫療服務的用途。
- 3. 提供個人資料乃屬自願性質。如果你不提供充分的資料，可能無法使用資助。

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、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。

查詢

- 6. 如欲查閱或修改有關提供的個人資料，請聯絡：

行政主任(疫苗資助計劃)

地址：九龍紅磡德豐街 18-22 號海濱廣場二座 3 樓

電話：2125 2125

FOR SCHOOL CHILDREN PARTICIPATING IN SCHOOL OUTREACH (EXTRA CHARGE ALLOWED) PROGRAMME

Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health

eHS(S) Transaction No. (For Doctor's Use)
ONE TRANSACTION NUMBER ONLY

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Note: Please complete this form in BLOCK letters using black or blue pen. Put a "✓" in the most appropriate box and *delete as appropriate. **Two consent forms are required for two doses of subsidised vaccination.** Please read the information sheet about the Vaccination Subsidy Scheme and the vaccine concerned before you sign this form.

I consent to use the Government subsidy for **my child / my ward** * to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-

Name of Doctor	Dr. Wong Chi Ho Jimmy	Date of Vaccination	13-10-2025
School Attending	Po Leung Kuk Lo Kit Sing (1983) College	Class & Student No.	

Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)

<input checked="" type="checkbox"/> Inactivated Influenza Vaccine (Injectable) <input type="checkbox"/> Live Attenuated Influenza Vaccine (Nasal Spray)	ALL school children aged 9 or above: <input checked="" type="checkbox"/> The only dose for this season Children under the age of 9 who have received one or more doses of Seasonal Influenza Vaccination in previous seasons: <input type="checkbox"/> The only dose for this season Children under the age of 9 who have NOT received any Seasonal Influenza Vaccination in previous seasons (vaccine naïve children): <input type="checkbox"/> The first dose for this season <input type="checkbox"/> The second dose for this season
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The Personal Details of Vaccine Recipient (as indicated on identity document)

Name: _____ English (surname) (given name)	_____ Chinese (surname) (given name)
Date of Birth: ____/____/____ (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Identity Document School children aged 12 or above must use Hong Kong Identity Card (Please put a "✓" in the box and fill in the document number as appropriate)	
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	____ ()
<input type="checkbox"/> Hong Kong Identity Card No.: Date of Issue: ____/____/____ (dd/mm/yyyy)	____ () HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"): Date of Issue: ____/____/____ (dd/mm/yyyy)	R _____
<input type="checkbox"/> HKSAR Document of Identity No. (Beginning with "D") : Date of Issue: ____/____/____ (dd/mm/yyyy)	D _____
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.: Permitted to remain until: ____/____/____ (dd/mm/yyyy)	____ ()
<input type="checkbox"/> Non-Hong Kong Travel Documents No. (e.g. Foreign passports): HKSAR Visa / Reference No.:	_____ ____ - ____ - ____ ()
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	____/____
<input type="checkbox"/> If the recipient is not the holder of the above documents, please enclose a copy of other identity document.	Document number: _____

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data. I also confirm that the aforementioned vaccine recipient is currently attending secondary school, primary school, kindergarten, kindergarten-cum-child care centre or child care centre in Hong Kong.

Who should not receive inactivated influenza vaccine (IVV)? What are the contraindications?

1) People who have a history of severe allergic reaction to any vaccine component, or a previous dose of any influenza vaccine

2) Individuals with mild egg allergy who are considering an influenza vaccination can be given IVV 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

3) 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

Signature of Parent / Guardian: _____

Name of Parent / Guardian (in English): _____

Relationship: _____

☐ Father ☐ Mother ☐ Guardian

Contact Telephone No.: _____

Date: _____

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to the doctor to transfer and release my child/ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether my child/ my ward has received vaccination by using the Government subsidy.
3. This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
4. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
 - (b) for statistical and research purposes
 - (c) for receiving vaccination information provided by the Government; and
 - (d) 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, you may not be able to use the subsidy.

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 (Vaccination Subsidy Scheme)
Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon
Telephone No.: 2125 2125