

### 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

P25022

Dear Parents, 各位家長:

### <u>"2025/26 Seasonal Influenza Vaccination School Outreach Programme"</u> <u>「2025/26 季節性流感疫苗學校外展計劃」</u>

Application form for the "2025/26 Seasonal Influenza Vaccination School Outreach Programme" will be distributed on Monday, 22 September 2025, to all students who have opted to take part in the beginning of the semester.

The details of the school vaccination are as follows:

Date: 13 October 2025 (Monday)

Clinic and Doctor: Dr. WONG Chi Ho Jimmy, Dr. Marcus LAM & Partners

Vaccine Brand Name: Vaxigrip (TIV)

Manufacturer: Sanofi, France

To ensure smooth coordination, we kindly request that it shall be returned to Form Teacher by 24 September (Wednesday). Should you have any enquiries, please contact Ms Chow Pui Yee at 24977110.

已在學期初選擇參與「2025/26 季節性流感疫苗學校外展計劃」的同學,將於 2025 年 9 月 22 日 (星期一)收到疫苗接種申請表。

本校疫苗計劃的詳細資料如下:

日期: 2025年10月13日(星期一)

診所及醫生:王賜豪醫生

流感疫苗品牌: Vaxigrip (TIV)

藥廠:法國 Sanofi

為確保活動順利進行,請將填妥的申請表於 2025 年 9 月 24 日(星期三)或之前交回班主任。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

16th September 2025 二零二五年大月中央

## Seasonal Influenza Vaccination School Outreach Programme – Consent Form INJECTABLE VACCINE

# Teles In

#### POINTS TO NOTE:

- Please read the information in Annex carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "
  into the appropriate box(es) and \* delete as appropriate.
- Part I (VACCINE RECIPIENT INFORMATION) and Part II (CONSENT/ REFUSAL INJECTABLE VACCINE) shall be completed and signed by a parent or guardian of the vaccine recipient if the vaccine recipient is aged below 18 or aged 18 or above but incapable of giving consent. Please read the information at https://www.chp.gov.hk/en/features/17980.html and on Seasonal Influenza Vaccination ("SIV") in the Annex before you sign this form.
- Part III (CONSENT TO REGISTER eHEALTH) shall be completed and signed by Substitute Decision Maker (SDM) if the vaccine recipient is aged below 16 or aged 16 or above but incapable of giving consent. Please read the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully.
- If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
- Interpretation:
  - "Government" means the Government of the Hong Kong Special Administrative Region of the People's Republic of China.
  - "Private Doctor" means in respect of Seasonal Influenza Vaccination School Outreach Programme, the Registered Medical Practitioner whose application to enrol in the programme has been accepted by the Government.

"Registered Medical Practitioner" has the meaning given to it in Medical Registration Ordinance (Cap. 161).  "Substitute Decision Maker" has the meaning given to it in Electronic Health Record Sharing System Ordinance (Cap. 625).  "Vaccination" means in relation to a Vaccine in Part II below, the administration of such Vaccine to a vaccine recipient during the Vaccination Period.					
Part I 【Vaccine Recipient Information】					
1. VACCINE RECIPIENT INFORMATION					
Student's Full Name (as indicated in identity document) Surna	me				
	Name				
	ler:   Male Female				
Hong Kong Birth Certificate (HKBC) number:					
If your child does not have HKBC, please fill in information based	on (i) <u>or</u> (ii) below:				
(i) Hong Kong Identity Card No.: L L L L L ( L_ )	(ii) Other Identity Document, please specify:				
AND <b>Date of Issue</b> : L DD/ L MM/ L YY	Document Type:				
	Document No.: L				
	AND attach a copy of the document to this consent form				
School which student attends ("School"):	<del></del>				
	Class: Class No.:				
2. VACCINATION RECORD					
Have you/ has your child/ ward as the vaccine recipient received season. ☐ Yes (Last administration date): ☐ ☐ MM/ ☐ ☐ ☐ YYYY)	onal influenza vaccination in the past?  ☐ No				
	LI NO				
Part II 【Consent/ Refusal – Injectable Vaccine】					
□ CONSENT					
I have read and understood the information in the Annex, including information on injectable seasonal influenza vaccine ("Seasonal Influenza Vaccines"), their contraindications, the Undertakings and Declarations and the Statement of Purposes of Collection of Personal Data. I AGREE for myself/my child/ ward (named above) to receive the seasonal influenza vaccination (1st AND 2nd doses^) as arranged by the Government in year 2025/ 26 and declare that I/ my child/ ward (named above) does NOT have ANY of the					
contraindications of the chosen type of vaccine as stated in Annex. I also agree for the School to release the related information to the vaccination team arranged by the Department of Health (DH) for verification when necessary. [^DH will arrange 2 <sup>nd</sup> dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1 <sup>st</sup> dose for children who are under 9 years old and have never received any SIV before.]					
□ REFUSE					
I have read and understood the information in Annex, including information on seasonal influenza vaccines, their contraindications, the Undertakings and Declarations and the Statement of Purposes of Collection of Personal Data, and DISAGREE for myself/my child/ward (named above) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2025/26.					
Name of Vaccine Recipient / Parents/ Guardian*:	Relationship with Vaccine Recipient: (If applicable)				
	☐ Father ☐ Mother ☐ Guardian				
Identity Document of Parents/ Guardian:	Contact Telephone No. (with prefix 4/5/6/7/8/9):				
$\square$ Hong Kong Identity Card No.: $\lfloor \bot \rfloor \lfloor \bot \bot \bot \bot X \bot X \rfloor (\lfloor X \rfloor)$					
☐ Other Identity Document, please specify:  Document Type:	Signature of Vaccine Recipient / Parents/ Guardian*: (or finger print if illiterate#)				
Document No.:	, - • • ·				

**Date of Signature:** 

# Witness should complete the following if the vaccine recipient has mental capacity but is illiterate:				
This document has been read and explained to the vaccine recipient in my presence.				
Signature of Witness:	Name of Witness:			
Hong Kong Identity Card No. : (only the alphabet and the first three digits are required)    X   X   X   (X)				
Contact Telephone No.:	Date of Signature:			
Please note:  (i) If you/ your child/ ward (applicable to consented students) has/have received the 2025/ 26 SIV before this outreach activity, please inform the school immediately.  (ii) If you/ your child/ ward miss/misses the vaccination at school, <b>no mop-up</b> dose will be provided at school. Please visit any private doctor enrolled in the specified programme namely "Vaccination Subsidy Scheme" for subsidised vaccination.  (iii) If vaccine recipient is an individual with bleeding disorders or on anticoagulants, or currently pregnant or lactating, please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised vaccine.				
Part III 【Consent to Register eHealth】				
☐ Vaccine recipient has already registered eHealth.  ☐ Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part III (a) or (b) or (c) according to the vaccine recipient's age)				
The following part is applicable to a person who has not reg	istered with eHealth, or is unsure of his or her eHealth registration status			
(a) Vaccine recipient aged 18 or an eHealth registration is a prerequisite for all vaccine recipient	(Middle School) Only			
To be completed and signed by vaccine recipient aged 18 or	e e e e e e e e e e e e e e e e e e e			
I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I <b>AGREE</b> to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.				
Signature of Vaccine Recipient:  Mobile Number for receiving system notifications (with prefix 4/5/6/7/8/9):  Date of Signature:				
(b) Vaccine recipient between the age of 16 and less than 18 years				
To be completed and signed by vaccine recipient between the	e age of 16 and less than 18 years (Middle School) Only			
I agree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.				
I disagree I have read and understood the "Participant Information IDISAGREE" to register with eHealth.	Notice" and "Personal Information Collection Statement" of eHealth and I			
•	umber for receiving system (with prefix 4/ 5/ 6/ 7/ 8/ 9):			
(c) Vaccine recipient aged under	16, or aged 16 or above but incapable			
of giving consent				
To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian) (Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)				
behalf of the healthcare recipient (HCR) AGREE to and share the HCR's eHealth records for healthcare purpolar I disagree	Notice" and "Personal Information Collection Statement" of eHealth and on register with eHealth, which enables authorised healthcare providers to obtain oses.  Notice" and "Personal Information Collection Statement" of eHealth			
and on behalf of the healthcare recipient (HCR) <b>DISAGREE</b> to register with eHealth.				

		Substitute Decision English:	Substitute Decision Maker's First Name in English:		Substitute Decision Maker's Mobile Number (with prefix 4/5/6/7/8/9):	
Substitute Decision Maker's HK Identity Card No.:  For non HK Identity document			ity Card holder, please fill	in infori	nation of other identity	
Document Type:				Docu	iment No.:	
Relat	ionship with vaccine recipier Vaccine recipient aged unde Parents/ Family Member/ Ro	r 16	on/ Guardian appointed	under Guardianship of Min	ors Ordii	nance/ Person appointed by court *
	Vaccine recipient a <b>ged 16 or</b> Family Member/ Residing I Mental Health Ordinance/ P	Person/ Guar	dian appointed under l		Director of	of Social Welfare appointed under
Signa	ture of Substitute Decision N	Maker:		Date of Signatu	re:	
Part	IV To Be Filled In	By The V	accination Staff			
<u>First Dose</u> Vaccination Day			Second Dose Vaccination Day  (Only applicable to students under nine years old who have never received any seasonal influenza vaccination before)			
□ Se	asonal influenza vaccination (	SIV) was pro	ovided to the student	· ·	-	(SIV) was provided to the student
	W was <b>NOT</b> provided to the st			☐ SIV was <b>NOT</b> provided		
0	was absent from school			was absent from sch		
$\bigcirc$	refused vaccination			<ul><li>refused vaccination</li></ul>		
0	had discomfort		<u>,                                      </u>	had discomfort		
0	others (please specify:		)	others (please specif	Y:	)
Signa	ture of Vaccination Staff:	ure of Vaccination Staff:  Signature of Vaccination Staff:				
Namo	e of Private Doctor:	Dr. Won	g Chi Ho Jimmy	Name of Private Doctor:		Dr.
Date	of Activity:	13	3/10/2025	Date of Activity:		
Part	t V 【Undertakings an	d Declara	ations]			
1.	. I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision.					
2.	I agree to provide my/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 Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/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 Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy.					
3.	For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/my ward's personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data".					
4.	This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region.					

I have read this consent form carefully and fully understood my obligations and liability under this consent form.

5.

### Part VI [Statement of Purposes of Collection of Personal Data]

### **Purposes of Collection of Personal Data**

- 1. The personal data provided will be used by the Government for one or more of the following purposes:
  - (a) eHealth or eHealth System (Subsidies) (as the case may be) registration, payment of subsidy, and the administration, monitoring, auditing and evaluation of the Seasonal Influenza Vaccination School Outreach Programme, including but not limited to a verification procedure by electronic means with the data kept by the Government, processing of subsidy payment, providing necessary health care services to vaccine recipients and investigation of incidents and complaints;
  - (b) enhancing or facilitating the implementation of Government programmes which promote primary care, including but not limited to direct contact by the Government or its agents for engagement of healthcare activities and education;
  - (c) statistical, scheme monitoring, evaluation and research purposes;
  - (d) receiving vaccination information provided by the Government; and
  - (e) 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 Government may disclose personal data and records of you / your child / your ward to other Government bureaux / departments concerned, or obtain such personal data or records from Government bureau / departments concerned, for the purpose of verifying your eligibility under the Seasonal Influenza Vaccination School Outreach Programme.
- 4. The provision of personal data is voluntary. However, if you do not provide sufficient information, you/ your child/ your ward may not be able to receive the subsidised vaccination.

#### **Classes of Transferees**

- 5. The personal data will be transferred to and used by the authorised user(s) or professional parties in the health field which are directly involved in the Vaccination Subsidy Scheme including but not limited to:
  - (a) Private Doctors and individuals authorised by the Private Doctors, as a clinic administrator, to access and use the IT platform;
  - (b) Primary Healthcare Commission ("PHCC") and the operators appointed by PHCC;
  - (c) the Medical Council of Hong Kong, Dental Council of Hong Kong, Nursing Council of Hong Kong, Midwives Council of Hong Kong, Supplementary Medical Professional Council and five Boards set up under the Council (i.e. Medical Laboratory Technologists Board, Occupational Therapists Board, Physiotherapists Board, Radiographers Board and Optometrists Board), Chiropractors Council, Council on Human Reproductive Technology, Human Organ Transplant Board, Pharmacy and Poisons Board and Radiation Board and its agents;
  - (d) the Hospital Authority and its agents; and
  - (e) the Government's agents;

for the purpose set out in Clause 1 above.

### **Access to Personal Data**

6. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). A reasonable fee may be charged by the Government for processing any data access and/or correction request.

#### **Enquiries**

7. Enquiries concerning the personal data provided, including making data access and correction, request, should be addressed to: Programme Management and Vaccination Division, Centre for Health Protection, 3/F, Two Harbourfront, Hung Hom, Kowloon (Telephone No.: 2125 2125)

### Seasonal Influenza Vaccination - Annex

### [Information About INJECTABLE VACCINE]



Please read the information carefully. If you have any concerns about the suitability of yourself, your child or your ward 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. Which type of influenza vaccines are recommended to be use in children?

• The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the Department of Health recommended inactivated influenza vaccines and live attenuated influenza vaccine (i.e. nasal vaccine) for use in children. Both quadrivalent and trivalent seasonal influenza vaccines could be used in the 2025-26 season.

## 3. Why children aged 6 months to 18 years are recommended as a priority group to receive seasonal influenza vaccination?

- Seasonal influenza vaccination is recommended for children six months to 11 years for reducing influenza related complications such as excess hospitalisations or deaths.
- Local data have shown that seasonal influenza vaccination could effectively reduce the risk of severe influenza infection among children below 18 years of age.
- Overseas studies have shown that vaccinating young school children may potentially reduce school absenteeism and influenza transmission in the community.
- Taking reference from overseas practice and local experience, seasonal influenza vaccination continues to be recommended to secondary school students or adolescents 12 to under 18 years of age for the 2025-26 season.

### 4. How many doses of seasonal influenza vaccine (SIV) will my child need?

• One dose per year, except those under nine years of age who have never received any seasonal influenza vaccination before are recommended to receive two doses of SIV with a minimum interval of four weeks.

### 5. What is Inactivated Influenza Vaccine (IIV)?

• The IIV contains inactivated (killed) viruses. IIV is given by injection.

### 6. Who should not receive inactivated influenza vaccine (IIV)?

- 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

#### 7. 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 six to 12 hours after vaccination and lasting up to two 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



### **Electronic Health Record Sharing System (eHealth) - Annex**

The Electronic Health Record Sharing System (eHealth) is a territory-wide, patient-oriented electronic sharing platform which enables authorised healthcare providing organisations in the public and private sectors to access and share participating patients' electronic health records (eHR) for healthcare purposes. After joining eHealth, the Hospital Authority (HA), the Department of Health (DH) and individual private healthcare providers authorised by you can access your eHR on a need-to-know basis in the course of providing healthcare to enable more timely diagnosis and treatment, and reduce duplicate diagnostic tests. Joining eHealth is voluntary and free of charge. You can withdraw from eHealth or revoke any sharing consent given to a healthcare provider (other than HA and DH) anytime. Citizens who registered with eHealth can check their vaccination record via the eHealth App.

Please scan the QR code below to read and understand "Participant Information Notice" and "Personal Information Collection Statement".

**Participant Information Notice** 



Personal Information Collection Statement



For enquiries about registration or other issues about eHealth, please contact Electronic Health Record Registration Office at 3467 6300. For more information about eHealth, please visit the website at <a href="https://www.ehealth.gov.hk">www.ehealth.gov.hk</a>.

### 季節性流感疫苗學校外展計劃 - 同意書 注射式疫苗



#### 填寫注意事項:

- 請仔細閱讀附頁的資料。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 □ 内加上「✓」號及在「\*」號刪去不適用者。
- 如疫苗接種者未滿 18 歲或為年滿 18 歲但無能力自行給予同意的人士,第一部分(疫苗接種者資料)及第二部分(同意書/不同意書 注射式疫苗)須由父母或監護人填寫及簽署。在簽署本同意書前,請先在網頁
   https://www.chp.gov.hk/tc/features/17980.html 及閱讀附頁有關「季節性流感疫苗」的資料。
- 如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士,第三部分(登記醫健通同意書)須由 代決人填寫及簽署。請仔細閱讀醫健通資料,包括參與者須知及收集個人資料聲明。
- 如中、英文兩個版本有任何抵觸或不相符之處,應以英文版本為準。
- 註釋

「政府」指中華人民共和國香港特別行政區政府。

「私家醫生」指就季節性流感疫苗學校外展計劃,其申請參加該計劃並獲政府接受的註冊醫生。

「註冊醫生」的意思與《醫生註冊條例》(香港法例第161章)中賦予它的意思相同。

「代決人」的意思與《電子健康紀錄互通系統條例》(香港法例第625章)中賦予它的意義相同。

「疫苗接種」指就以下第二部分的疫苗,在疫苗接種期間向疫苗接種者接種該疫苗。

	· <b>没田按悝</b> 」 相机以下另一部万的授田,任授田按悝期间问授田按悝有按悝改授田。					
第-	一部分【疫苗接種者資料】					
()	疫苗接種者資料					
	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:					
	<b>出生日期:</b>					
	學生之香港出生證明書號碼:					
	如沒有,請填寫以下 (i) <b>或</b> (ii)					
	(i) 香港身份證號碼       (ii) 其他身份證明文件,請註明         類別:       類別:					
	业必須随问总音的工改多仍起码文件时间平					
	疫苗接種者就讀的學校:					
	7777) · 7777/ ·					
(二)	疫苗接種記錄					
你本人/你的子女/受監護者是否曾經接種流感疫苗?						
	□ 是,最近一次接種日期:					
	□ 否					

第二部分【同意書/不同意書 - 注射式疫苗			
□ 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 2025/26 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)沒有附頁所述的任何禁忌症,以及同意學校提供相關資料予衞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。)			
□ 不同意 本人已閱讀及明白附頁的內容,包括流感疫苗接種資料、禁 本人/本人子女/受監護者(上附資料)接種政府安排之2	禁忌症、承諾及聲明和收集個人資料的用途聲明,及 <b>不同意</b> 2025/26 年度流感疫苗。		
疫苗接種者/父母/監護人*姓名:	<b>與疫苗接種者關係(如適用)</b> □ 父 □ 母 □ 監護人		
父母/監護人身份證明文件及號碼:         □ 香港身份證號碼:       □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	父母/監護人聯絡電話:(號碼以 4/ 5/ 6/ 7/ 8/ 9開 頭):		
□ 其他身份證明文件,請註明 類別:	疫苗接種者/父母/監護人*簽署:(如不會讀寫#,請印上指模)		
號碼:	<b>簽署日期:                                     </b>		
#如疫苗接種者精神上有行為能力但不會讀寫,見證人須填寫以	以下資料:		
本人見證此同意書已在疫苗接種者面前朗讀及解釋。			
見證人簽署:	見證人姓名:		
見證人身份證明文件及號碼: (只需要英文字母及首三個數字)			
見證人聯絡電話:(號碼以 4/5/6/7/8/9開頭):	<b>簽署日期:</b>		
<ul> <li>請注意:</li> <li>i. 如你本人/你的子女/受監護者(適用於已簽署同意書的學生)在此疫苗接種外展隊接種日前已接種 2025/26 年度流</li></ul>			
第三部分【登記醫健通同意書】			
□ 疫苗接種者已經登記醫健通。 □ 疫苗接種者尚未登記或不確定是否已登記醫健通。(請根據疫苗接種者的年齡,填妥第三部分的(甲)或(乙)或(丙)分部)			
未登記醫健通人士,或不確定是否已登記醫健通人士,請填寫	下列部分		

(甲) <u>十八歲或以上疫苗接種者</u>					
所有十八歲或以上的疫苗接種	者必須登記	聲健通 (中學)	適用		
由十八歲或以上疫苗接種者填	寫及簽署				
□ 本人已閱讀及明白醫健通	的「參與者須	頁知」及「收集個人	資料聲明」,及 同意 本	<b>大登記</b>	參加醫健通,讓獲授權的醫
護機構取覽及互通醫護接受者	於醫健通的紅		The of like IT live		+ 1214
疫苗接種者簽署: 		手提電話號碼以收   (號碼以 4/5/	T取系統通知 6/7/8/9開頭):	簽署日	l期:
(乙)介乎十六歲	至未滿十	一八歲的疫苗	接種者(土象))達		
由年齡介乎十六歲至未滿十八	歲的疫苗接種	重者填寫及簽署。	(中學)適戶	Ħ	
機構取覽及互通醫護接受			資料聲明」,及 同意 本	人登記會	多加醫健通,讓獲授權的醫護
│ <b>一 不同意</b> 本人已閱讀及明白醫健遜	的「參與者須	頁知」及「收集個人	資料聲明」,及 <b>不同意</b>	本人登	記參加醫健通。
疫苗接種者簽署:		手提電話號碼以收(號碼以4/5/	取系統通知 6/7/8/9開頭):	簽署日	期:
(丙)十六歲以下	,或十六	一歲或以上但	無能力自行給予	·同意	的疫苗接種者
由代決人(例如家長或監護人					
所有十八歲或以上的疫苗接種	者必須登記	<b>聲健通,否則不符合</b>	資格接種疫苗。)		
□ <b>同意</b> 本人已閱讀及明白醫健演	看的「參與者?	酒知 <sub>-</sub> 及「收集個人	· 資料聲明 」,及代表醫護	亲受者「	<b>同意</b> 登記參加醫健通,讓
獲授權的醫護機構取覽及					The state of the s
│ <b>一 不同意</b> 本人已閱讀及明白醫健遲	<b>鱼的「參與者</b> 須	項知 」 及「 收集個人	、資料聲明」,及代表醫護技	妾受者 [	<b>不同意</b> 登記參加醫健通。
代決人 <u>英文姓氏</u> : 代決人 <u>英文名:</u>					、手提電話號碼(號碼以 4/5 / 7/8/9開頭):
代決人香港身份證號碼:			有人,請填寫其他身份證		
		證明文件類別 :	<b>證件號碼:</b> 		福:
<ul> <li>與疫苗接種者關係:</li> <li>□ 疫苗接種者為十六歲以下兒童 家長/家人/同住人士/根據《未成年人監護條例》委任的監護人/獲法院委任的人*</li> <li>□ 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 家人/同住人士/根據《精神健康條例》委任的監護人/社會福利署署長或根據《精神健康條例》委任的監護人/獲法院委任的人*</li> <li>代決人簽署:</li> <li>(後署日期:</li> </ul>					
第四部分 以下資料只由提供疫苗接種的接種職員填寫					
第一 <b>劑</b> 接種日 第二 <b>劑</b> 接種日 (口達用於九達N天,然去按種系統將為原族英麗帝)					
(只適用於九歲以下,從未接種季節性流感疫苗學童) <b>有</b> 為學生接種流感疫苗 <b>「力</b> 有為學生接種流感疫苗					
□ 沒有為學生接種流感疫苗, <b>原因是學生:</b> □ 缺課 □ 拒絕接種 □身體不適 □ 其他(請註明:)		□ 沒有為學生接種流感疫苗, <b>原因是學生:</b> □ 缺課 □ 拒絕接種 □身體不適 □ 其他(請註明:)			
接種職員簽署:			接種職員簽署:		
私家醫生姓名:		賜豪 醫生	私家醫生姓名:		醫生
外展日期:	13/1	10/2025	外展日期:		

### 第五部分【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。本人特此聲明,本人向政府提供的資訊在提供時在各方面都是最新的、真實的、準確的和完整的。
- 2. 本人同意把此同意書中本人/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。本人特此同意私家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。本人備悉政府或會與我聯絡,以核實有關資料及本人/本人子女/受監護者使用政府資助以接種疫苗事宜。
- 3. 適用於香港特別行政區智能身份證持有者:本人同意授權私家醫生讀取儲存在本人/本人子女/受監護者香港特別行政區智能身份證晶片內的個人資料(只限香港身份證號碼,中英文姓名,出生日期和香港身份證簽發日期),以供政府於「收集個人資料目的」所述的用途。
- 4. 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。
- 5. 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。

### 第六部分【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) 登記醫健通或醫健通(資助)系統(視情況而定)戶口,資助付款,以及執行、監察、審計和評估疫苗資助計劃,包括但不限於透過電子方式與政府保存的資料進行核實程序、處理資助支付、向疫苗接種者提供必要的醫療服務,以及調查事件和投訴;
  - (b) 加強或促進實施政府計劃以推廣基層醫療,包括但不限於由政府或其代理人直接接觸以參與醫護活動及教育;
  - (c) 作統計、監察計劃、評估和研究用途;
  - (d) 接收由政府提供的疫苗接種資訊;以及
  - (e) 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. 政府可向其他政府決策局/部門透露/索取你/你的子女/受監護者的個人資料及記錄,以核實你為衞生署疫苗資助計劃下的合資格人士。
- 4. 提供個人資料乃屬自願性質。然而,如果你不提供充分的資料,可能無法獲得受資助疫苗接種。

#### 可獲轉交資料的機構/人士類別

- 5. 為施行上文第 1 條所述目的,有關的個人資料將轉交並供直接參與計劃的衞生範疇獲授權或專業人士使用, 包括但不限於:
  - (a) 私家醫生及其授權人十以診所管理員身份以登入和使用資訊科技平台;
  - (b) 基層醫療署及其委任的營運者;
  - (c) 香港醫務委員會、香港牙醫管理委員會、香港護士管理局、香港助產士管理局、輔助醫療業管理局及轄下 5 個委員會(即醫務化驗師管理委員會、職業治療師管理委員會、物理治療師管理委員會、放射技師管理委員會及視光師管理委員會)、脊醫管理局、人類生殖科技管理局、人體器官移植委員會、藥劑業及毒藥管理局及輻射管理局及其代理人;
  - (d) 醫院管理局及其代理人;以及
  - (e) 政府的代理人。

#### 查閱個人資料

6. 根據《個人資料(私隱)條例》(香港法例第 486 章)第 18 及 22 條,以及附表 1 第 6 保障資料原則,你有權要求查閱及更正你的個人資料。政府有權就處理任何查閱及/或更正資料的要求收取合理費用。

#### 查詢

如欲查閱或修改有關提供的個人資料,包括進行查閱及更正,請聯絡:九龍紅磡德豐街 18-22 號海濱廣場二座 3 樓 衞生防護中心項目管理及疫苗計劃科(電話:2125 2125)。

### 附頁 - 季節性流感疫苗

### 【滅活季節性流感疫苗 (注射式) 的資料】



請仔細閱讀資料。如對你本人/你的子女/受監護者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 天內自行痊癒。
- 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. 有其麼種類的季節性流感疫苗獲建議在兒童使用?

衞生署衞生防護中心轄下疫苗可預防疾病科學委員會認同滅活流感疫苗和減活噴鼻式流感疫苗均可在兒童使用。四價和三價季節性流感疫苗均可於 2025-26 季度流感季節使用。

### 3. 為何建議 6 個月大至 18 歲兒童優先接種季節性流感疫苗?

- 6個月大至11歲兒童獲建議接種季節性流感疫苗,以減低小童因流感併發症的入院率和死亡個案。
- 本地數據顯示,接種季節性流感疫苗可有效降低 18 歲以下兒童感染嚴重流感的風險。
- 海外的研究顯示,小童接種季節性流感疫苗可能會減少缺課和流感在社區的傳播。
- 参考海外做法及本地經驗,政府繼續建議 2025-26 年度的中學生或 12 歲至 18 歲以下青少年 接種季節性流感疫苗。

### 4. 兒童需要接種多少劑季節性流感疫苗?

每年接種一劑。 9 歲以下從未接種過季節性流感疫苗的兒童,建議在 2025-26 季度應接種兩劑季節性流感疫苗,而兩劑疫苗的接種時間至少相隔 4 個星期。

### 5. 其麼是滅活季節性流咸疫苗?

• 滅活流咸疫苗含有已滅活(已死亡)的病毒,以注射模式接種。

### 6. 誰不宜接種滅活流感疫苗?

- 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

### 7. 滅活流感疫苗可能有甚麼副作用?

- 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



### 附頁 - 【電子健康紀錄互通系統(醫健通) 】

電子健康紀錄互通系統(醫健通)是全港性、以病人為本的電子互通平台,讓獲授權的公私營醫護機構取覽和互通參與病人的電子健康紀錄作醫護用途。 登記加入醫健通後,醫院管理局(醫管局)、衞生署及個別獲你授權的私營醫護機構可於提供醫護服務時按「有需要知道」的原則取覽你的電子健康紀錄,以能為你提供更適時的診斷及治療,並減省重複檢驗。參與醫健通屬自願性質,費用全免,你可隨時退出醫健通或撤銷給予任何醫護機構(醫管局和衞生署除外)的授權。登記醫健通後市民可使用醫健通流動應用程式查閱疫苗接種紀錄。

請掃描二維碼以參閱及明白參與者須知及收集個人資料聲明。

### 參與者須知



收集個人資料聲明



如你有任何關於醫健通登記及其他事項查詢,請聯絡電子健康紀錄申請及諮詢中心(熱線: 3467 6300)。你亦可了解更多有關醫健通的詳情,請瀏覽網站 www.ehealth.gov.hk。