

Protect Your Child from Seasonal Influenza

Join the Childhood Influenza Vaccination Subsidy Scheme (CIVSS)

What is Childhood Influenza Vaccination Subsidy Scheme (CIVSS)?

To encourage seasonal influenza vaccination among eligible Hong Kong children, CIVSS will continue in 2015/16. Starting from 15 October 2015, children may receive a \$160 Government subsidy per dose of influenza vaccine they receive from private doctors who have enrolled into the Scheme. Two doses of influenza vaccines are required for a child if he/she has not been vaccinated against influenza before.

Is my child eligible to receive the Government subsidy?

To be eligible for the Government subsidy of influenza vaccine, the child must be a Hong Kong resident AND:

- between the age of 6 months and less than 6 years; or
- aged 6 years or above but attending a kindergarten or child care centre in Hong Kong.

From 2 November 2015, eligible children from families receiving Comprehensive Social Security Assistance or holders of valid Certificate for Waiver of Medical Charges may receive free influenza vaccination from Maternal and Child Health Centres (MCHCs) of the Department of Health (DH).

When should parents bring their children for subsidised influenza vaccination?

CIVSS starts on 15 October 2015. As it usually takes about 2 weeks for antibodies to develop and provide protection against influenza virus, parents are advised to bring their child to the participating private doctors' clinics for vaccination as early as possible. This will ensure that the child is adequately vaccinated before arrival of the next winter influenza season, which usually comes during the first quarter of every year.

How do parents know which doctors have joined the CIVSS providing subsidised influenza vaccination?

Some private doctors, but not all, will join the CIVSS. Participating private doctors will display a CIVSS logo in their clinics for parents' recognition. In addition, information about doctors who have joined the CIVSS and the fees they charge will be uploaded to the Centre for Health Protection (CHP) website www.chp.gov.hk



Logo



Poster

Note: Doctors who have no CIVSS logo displayed in the clinic may not provide subsidised vaccination to children.

How much do parents pay for influenza vaccination of children?

Parents will pay a discounted fee (deducting the Government subsidy from the original fee) to the participating private doctors for influenza vaccination service. For example, if the original fee charged by the doctor is \$280, under the CIVSS, the parent only has to pay \$120. It is important to note that the fees charged by different private doctors may vary.

To enhance transparency, doctors will display their fees for vaccination on a CIVSS poster in the clinic waiting area.

If the parent is unable to accompany the child personally to the doctor's clinic, can he/she ask a relative / teacher / domestic helper to bring the child there?

Yes. To receive CIVSS subsidy, the parent must duly complete and sign the Consent to Use Vaccination Subsidy form beforehand. The form is available at participating doctors' clinics, MCHCs of the DH, or for downloading from the CHP website.

Steps to take for parents to bring their child to receive subsidised influenza vaccination from a private doctor

1. Select a private doctor enrolled in the CIVSS 2015/16.
2. Bring along your child's Hong Kong Birth Certificate or Hong Kong Identity Card as a proof of your child's Hong Kong resident status. If your child does not have the above documents, you have to bring along other travel documents that can prove your child's Hong Kong resident status. If your child is 6 years or above but attending a kindergarten or a child care centre in Hong Kong, please also bring along your child's Student Handbook / Student Card / Pick Up Card and submit a photocopy to the doctor; or submit a stamped Pre-primary Institution Certification Form (The Certificate can be downloaded from the CHP website www.chp.gov.hk).
3. Bring along all of your child's vaccination record(s) for doctor's reference.
4. Consult the doctor for your child's vaccination(s) and indicate your wish to use the vaccination subsidy.
5. Duly complete and sign the Consent to Use Vaccination Subsidy. If you ask a representative (e.g. relative / teacher / domestic helper) to take the child to the doctor's clinic, you will have to fill in and sign the Consent prior to visiting the doctor's clinic.
6. Staff in the clinic will open an eHealth account for your child / check your child's eHealth account through the eHealth System.
7. Vaccination will be given to your child.
8. Make use of the Government subsidy for payment.
9. Keep the vaccination record(s) properly.
10. Staff of the DH may contact you to verify whether your child has received vaccination(s) and used the subsidy.

PROTECT YOUR CHILD FROM SEASONAL INFLUENZA - SEASONAL INFLUENZA VACCINATION HELPS (2015/16)

1. Why do children require seasonal influenza vaccination?

Seasonal influenza (influenza) is an infectious disease caused by influenza virus. It is usually self-limiting with recovery in 2 – 7 days. However, it can be a serious illness to young children or the weak and frail, and may be complicated by bronchitis, chest infection or even death in the most serious cases. Serious influenza infection can even occur in healthy individuals.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection recommends children between the age of 6 months and less than 6 years as one of the priority groups to receive influenza vaccination because it is one of the effective means to protect them from influenza and its complications.

2. What kinds of influenza vaccines are recommended for use in Hong Kong?

Both trivalent and quadrivalent inactivated influenza vaccines are recommended to use in Hong Kong. Trivalent influenza vaccine may potentially prevent majority of influenza burden in Hong Kong, while quadrivalent influenza vaccine may potentially offer additional protection against influenza B. Please consult your family doctor for more detail.

3. What is the recommended 2015/16 influenza vaccine composition?

The vaccine recommended by SCVPD in 2015/16 contains the following:

- an A/California/7/2009 (H1N1) pdm09-like virus
- an A/Switzerland/9715293/2013 (H3N2)-like virus
- a B/Phuket/3073/2013-like virus

If quadrivalent influenza vaccine is being used, it shall contain the above three viruses and a B/Brisbane/60/2008-like virus.

4. Is inactivated influenza vaccine safe? What are the possible side effects?

Inactivated influenza vaccine is very safe and usually well tolerated apart from occasional soreness, redness or swelling at the injection site. Some recipients may experience fever, muscle and joint pains, and tiredness beginning 6 – 12 hours after vaccination and lasting up to 2 days. If fever or other symptoms persist, please consult your doctor. Immediate severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare and require emergency medical attention.

Influenza vaccination may rarely be followed by serious adverse events such as GBS (1 – 2 case per 1 million vaccinees), inflammation of brain membranes or brain disease (1 in 3 million doses distributed) and severe allergic reaction (anaphylaxis) (9 in 10 million doses distributed). However, influenza vaccination may not necessarily have causal relations with these adverse events. So far, no clear association has been found between GBS with seasonal influenza vaccine.

5. Who should not receive inactivated influenza vaccine?

People who are allergic to a previous dose of inactivated influenza vaccine or other vaccine components are not suitable

to have inactivated influenza vaccination. Individuals with mild egg allergy who are considering an influenza vaccination can be given inactivated influenza vaccine in primary care. Individuals with diagnosed or suspected severe egg allergy, they should be seen by an allergist or immunologist for evaluation of egg allergy and for administration of inactivated influenza vaccine if clinically indicated. Those with bleeding disorders or on anticoagulants should consult their doctors for advice.

If an individual has fever on the day of vaccination, the vaccination should be deferred till recovery.

6. Is it necessary to get vaccinated against influenza every year?

Yes. The circulating influenza strains may change from time to time. In accordance with the circulating strains, the influenza vaccine composition is updated every year to enhance protection. The immunity built up in a vaccinated person in prior season will decrease over time and may become too low to provide protection in the next season. In addition, the vaccine compositions of 2015/16 influenza vaccine are different from those in 2014/15.

7. How many doses of influenza vaccination will my child need?

To ensure adequate immunity against influenza, children under 9 years old who have never received any influenza vaccine are recommended to be given 2 doses of influenza vaccine with a minimum interval of 4 weeks. Children who have received influenza vaccine in the 2014/15 season or before are recommended to receive 1 dose in the 2015/16 season.

8. If a child under the age of 9 years is getting seasonal influenza vaccine for the first time and requires 2 doses, does the same type of vaccine have to be used for both doses?

No, the first and second doses do not have to match; trivalent or quadrivalent inactivated influenza vaccine can be used for either dose. The doses should be separated by at least 4 weeks.

9. My child has asthma. Should he/she receive the influenza vaccination?

Children having asthma are not contraindicated to receive inactivated influenza vaccination. People suffering from lung diseases such as asthma are recommended to receive inactivated influenza vaccine because of an increased risk of complications associated with influenza.

10. Besides vaccination, what are the other protective measures against influenza?

For prevention against influenza, vaccinated individuals should maintain good personal and environmental hygiene practices, balanced diet, regular exercise, and do not smoke (second hand smoking).

For more information about the CIVSS, please visit the Centre for Health Protection website www.chp.gov.hk or call 2125 2125

參加「兒童流感疫苗資助計劃」給孩子多一分保護

什麼是「兒童流感疫苗資助計劃」？

衛生署在 2015/16 年度繼續推行「兒童流感疫苗資助計劃」，以鼓勵合資格的香港兒童接種季節性流感疫苗。由 2015 年 10 月 15 日起，兒童前往已登記參與計劃的私家醫生診所接種流感疫苗，可獲政府每劑港幣 160 元的資助。若兒童從未接種過流感疫苗，他/她將須要接種共兩劑疫苗。

我的子女是否符合資格獲得政府資助？

若要獲得政府接種流感疫苗的資助，你的子女必須是香港居民，和：

- 年齡介乎六個月至未滿六歲；或
- 六歲或以上，但仍就讀於香港的幼稚園或幼兒中心。

來自綜援家庭或持有有效醫療費用減免證明書的合資格兒童，可於 2015 年 11 月 2 日開始到衛生署轄下的母嬰健康院，免費接種流感疫苗。

家長應何時攜同子女接種受資助的流感疫苗？

本計劃由 2015 年 10 月 15 日開始推行。在接種疫苗後，由於身體須約兩星期才能產生抗體預防流感病毒，因此我們建議家長應盡早攜同子女前往已登記參與計劃的私家醫生診所接種疫苗，這樣可確保子女在下次流感的流行季節前（通常是在每年首季），已接種足夠劑量的疫苗。

家長如何得悉哪些醫生已登記參與「兒童流感疫苗資助計劃」，並能提供資助的流感疫苗接種服務？

並非所有私家醫生均參與資助計劃。已登記參與計劃的私家醫生，會在其診所張貼計劃標記，以供家長識別。此外，有關已登記參與計劃的醫生資料和他們的收費，將會上載於衛生防護中心網站 www.chp.gov.hk。



標記

海報

注意：若診所沒有張貼「兒童流感疫苗資助計劃」的標記，即代表該醫生未必能夠為兒童提供受資助的疫苗接種服務。

家長須支付多少接種疫苗費用？

家長可以優惠價（即原來費用扣除政府資助金額）讓子女在參與計劃的私家醫生診所接種疫苗。例如，私家醫生的原本收費是港幣 280 元，在疫苗資助計劃下，家長只須支付港幣 120 元。請注意，不同私家醫生的收費可能會有差異。

為提高透明度，醫生會在候診室張貼的「兒童流感疫苗資助計劃」海報上，列出接種疫苗所需的費用。

若家長未能親身陪同子女前往診所接種疫苗，他/她可否委託他人（例如：親友/老師/家庭傭工）攜同其子女前往診所？

可以，但家長須預先填妥並簽署「使用疫苗資助同意書」才可獲得資助。家長可向參與計劃的私家醫生診所和各區衛生署母嬰健康院索取，或在衛生防護中心網站下載該同意書。

家長攜同其子女前往私家醫生診所接種受資助流感疫苗的步驟

1. 選擇一位已登記參與 2015/16 年度計劃的私家醫生。
2. 帶備子女的香港出生證明書或香港居民身份證。如沒有以上證件，請攜同其他旅遊證件證明其香港居民身分。另外，若子女年滿六歲，但仍就讀於香港的幼稚園或幼兒中心，請帶備子女的學生手冊 / 學生證 / 接送咭，並向醫生提交一份影印副本；或提交學校已蓋印的「學前教育證明」。（家長可在衛生防護中心網站 www.chp.gov.hk 下載「學前教育證明」）
3. 帶備所有疫苗接種記錄（例如針咭）供醫生參閱。
4. 前往該醫生的診所，讓你的子女接受醫生會診並表示你同意使用疫苗資助。
5. 填妥「使用疫苗資助同意書」。如果家長請受託人（例如：親友 / 老師 / 家庭傭工）攜同子女到醫生診所接種疫苗，家長須在此之前填妥並簽署有關同意書。
6. 診所職員將替兒童開設或查詢醫健通戶口。
7. 子女接種疫苗。
8. 繳付扣除政府提供的疫苗資助後的收費(如適用)。
9. 妥善保存疫苗接種記錄。
10. 衛生署人員可能會聯絡家長，以核實疫苗接種和使用政府資助事宜。

接種季節性流感疫苗 - 給孩子多一分保護 (2015/16)

1. 為什麼兒童要接種季節性流感疫苗？

季節性流行性感冒（簡稱流感）是一種由流感病毒引致的疾病。患者一般會在二至七天內自行痊癒。然而，兒童或免疫力較低的人士一旦染上流感，可能會出現支氣管炎或肺炎等併發症，嚴重時更可致命。健康人士亦有可能出現嚴重流感感染。

衛生防護中心的「疫苗可預防疾病科學委員會」，建議年齡介乎六個月至未滿六歲的兒童優先接種流感疫苗，因為接種此疫苗是保護兒童以預防流感和其併發症的有效方法之一。

2. 有什麼種類的流感疫苗獲建議在本港使用？

三價和四價滅活流感疫苗均獲建議在本港使用。三價疫苗預期可以預防大多數的流感個案，而四價疫苗則可能提供對抗乙型流感的額外保護。詳情請向你的家庭醫生查詢。

3. 建議接種的 2015/16 年度流感疫苗有甚麼成分？

「疫苗可預防疾病科學委員會」建議 2015/16 年度使用的疫苗包括以下成分：

- 類甲型/加利福利亞/7/2009(H1N1)pdm-09 病毒
- 類甲型/瑞士/9715293/2013 (H3N2)病毒
- 類乙型/布吉/3073/2013 病毒

如果四價流感疫苗已有供應及被採用，它應包括以上三種病毒及類乙型/布里斯本/60/2008病毒。

4. 滅活流感疫苗是否安全？有什麼副作用？

滅活流感疫苗十分安全，除可能在注射部位出現輕微腫痛外，一般並無其他副作用。部分人士可能在接種疫苗後 6 - 12 小時內出現發燒、肌肉及關節疼痛，和疲倦等症狀，但這些症狀一般會在兩天內減退。若持續發燒或不適，應立即向醫生查詢。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，患者必須立即求診。

一些罕見但嚴重的不良情況，也可能在接種疫苗後出現，如吉-巴氏綜合症（每 100 萬個接種疫苗人士中有一至兩宗個案）、腦膜炎或腦病變（每分發 300 萬劑疫苗中有一宗個案），和嚴重過敏反應（每分發 1,000 萬劑疫苗中有九宗個案）。不過，接種流感疫苗與這些不良事件未必一定有因果關係。直至今日，吉-巴氏綜合症與季節性流感疫苗並沒有已知的明確關係。

5. 誰不宜接種滅活流感疫苗？

對曾接種的滅活流感疫苗或其他疫苗成分有過敏反應的人士，都不宜接種滅活季節性流感疫苗。對雞蛋有輕度過敏的人士如欲接種流感疫苗，可於基層醫療接種滅活流感疫苗，而確診或懷疑對雞蛋有嚴重過敏反應的人士，應先由過敏學或免疫學專科醫生就雞蛋敏感進行評估，並因應臨牀需要，由過敏學或免疫學專科醫生接種滅活流感疫苗。至於出血病症患者或服用抗凝血劑的人士，應請教醫生。

如接種當日因病發燒，可延遲至病癒後才接種疫苗。

6. 是否每年都要接種流感疫苗？

是。流行的季節性流感病毒株可能會不時改變。季節性流感疫苗的成分，須每年根據流行的毒株而更新，以加強保護，在上一年度接種疫苗後建立的免疫力會隨着時間降低，在下一年度可能會降至沒有保護作用的水平。此外，2015/16年度流感疫苗的成分與2014/15年度的不同。

7. 我的孩子須要接種多少劑流感疫苗？

為確保對流感產生足夠的免疫力，凡九歲以下從未接種過流感疫苗的兒童，均須接種兩劑流感疫苗，而兩劑疫苗接種時間須相隔至少四星期。在 2014/15 年度或以前接種過流感疫苗的兒童，在 2015/16 年度只須接種一劑疫苗。

8. 如首次接種季節性流感疫苗的9歲以下兒童需要接種兩劑疫苗，這兩劑疫苗是否需要屬同一種類？

不是。第一和第二劑疫苗並不需要相同。第一或第二劑疫苗都可以選擇三價或四價滅活流感疫苗。兩劑疫苗的接種時間需要相隔至少 4 個星期。

9. 我的孩子患有哮喘。他 / 她是否應接種流感疫苗？

患有哮喘的兒童並非不適合接種流感疫苗。相反，患有肺部疾病如哮喘的人士，由於在感染流感時會有較高的風險出現併發症，所以應該接種滅活流感疫苗。

10. 除接種疫苗外，要預防流感還須注意什麼？

為預防流感，已接種疫苗的人士須維持良好的個人及環境衛生習慣、注意飲食均衡、恆常運動、休息充足及不吸煙(二手煙)。

如欲獲取更多有關「兒童流感疫苗資助計劃」資訊，請瀏覽衛生防護中心網站 www.chp.gov.hk，或致電 2125 2125 查詢。

給孩子多一點保護

❌ 流感不是嚴重的疾病。

雖然流感會引起輕微的呼吸道疾病，但它也可以引起嚴重併發症，例如肺炎，甚至死亡。

❌ 接種流感疫苗會令兒童感染流感。

流感疫苗裏的流感病毒是滅活的，它不會傳染，也不會令接種者感染流感。

❌ 接種流感疫苗會削弱兒童的免疫系統。

相反才是正確的。每年接種流感疫苗可增強你孩子的免疫力，以預防感染流感。

流感疫苗不可能預防所有類型的流感，但它仍是預防流感最有效的方法。

流感疫苗大至上預防 70 至 90% 的流感感染。

邊個？

- ✦ 健康專家建議所有年齡介乎六個月至未滿六歲的兒童接種流感疫苗
- ✦ 與年齡較大的兒童相比，幼兒...
 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到基督教聯合那打素佐敦健康中心（基督教聯合那打素社康服務）

地址：九龍佐敦道 23 號
新寶廣場 13 樓（全層）
聯絡電話：2770 8365

幾時？

星期一至五：9:00am – 12:00nn，2:00pm – 4:00pm
星期六：9:00am – 12:00nn，2:00pm – 4:00pm
（提供預約服務）

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

幾多錢？

此健康中心將不收取任何費用（免費）



給孩子多一點保護

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- ✦ 與年齡較大的兒童相比，幼兒...
 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到白普理廣田社區健康中心
(基督教聯合那打素社康服務)

地址：九龍藍田廣田邨
廣田商場 203 室
聯絡電話：2340 3022

幾時？

星期一至五：9:00am –
1:00pm, 2:00pm – 5:00pm
星期六：2:00pm – 4:00pm

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心



幾多錢？

此健康中心將不收取任何費用 (免費)

給孩子多一點保護

✘ 流感不是嚴重的疾病。

✔ 雖然流感會引起輕微的呼吸道疾病，但它也可以引起嚴重併發症，例如肺炎，甚至死亡。

✘ 接種流感疫苗會令兒童感染流感。

✔ 流感疫苗裏的流感病毒是滅活的，它不會傳染，也不會令接種者感染流感。

✘ 接種流感疫苗會削弱兒童的免疫系統。

✔ 相反才是正確的。每年接種流感疫苗可增強你孩子的免疫力，以預防感染流感。

✔ 流感疫苗不可能預防所有類型的流感，但它仍是預防流感最有效的方法。

✔ 流感疫苗大至上預防 70 至 90% 的流感感染。

邊個？

- ✦ 健康專家建議所有年齡介乎六個月至未滿六歲的兒童接種流感疫苗
- ✦ 與年齡較大的兒童相比，幼兒...
 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到賽馬會和樂社區健康中心
(基督教聯合那打素社康服務)

地址：九龍觀塘協和街
和樂邨居安樓 26 - 33 號地下
聯絡電話：2344 3444

幾時？

星期一至五：9:00am –
1:00pm, 2:00pm – 5:00pm
星期六：9:00am – 1:00pm,
2:00pm – 4:30pm

第二劑將於接種第一劑後一個月後接種



點做？

閱讀附上的表格，並在指示處上簽署
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- ✦ 與年齡較大的兒童相比，幼兒...
 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到廣福社區健康中心
(基督教聯合那打素社康服務)

地址：新界大埔廣福邨
廣仁樓地下 19 號
聯絡電話：2638 3846

幾時？

星期一至六：9:00am –
1:00pm, 2:00pm – 4:00pm
(提供預約服務)

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

幾多錢？

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給孩子多一點保護

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 - 可能因感染流感而引起較嚴重的疾病；及
 - 更經常因感染流感而入院

邊度？

帶你的孩子到賽馬會天水圍社區健康中心
(基督教聯合那打素社康服務)

地址：新界天水圍天晴邨
天晴社區綜合服務大樓 1 樓
103 室
聯絡電話：3156 9000

幾時？

星期一至五：9:00am –
1:00pm, 2:00pm – 5:30pm
星期六：9:00am – 1:00pm,
2:00pm – 5:00pm
(提供預約服務)

第二劑將於接種第一劑後一個月後接種

點做？

閱讀附上的表格，並在指示處上簽署
帶同該表格、孩子的出生證明書和針咭，到健康中心

幾多錢？

此健康中心將不收取任何費用 (免費)



Consent to Use Vaccination Subsidy
Childhood Influenza Vaccination Subsidy Scheme
Department of Health

Transaction No.:	SI Vaccine Used:
TC	TIV <input type="checkbox"/> QIV <input type="checkbox"/>
(For Doctor's Use)	

Note: Please complete this form in BLOCK letters using black or blue pen and use a new form each time you use the vaccination subsidy.
Please read the information sheet about the Subsidy Scheme and the seasonal influenza vaccine before you sign this form.

(To be completed by parent or legal guardian) *Delete as appropriate			
I consent to use Government subsidy for <i>my child/ward*</i> to receive seasonal influenza vaccination under the Childhood Influenza Vaccination Subsidy Scheme with details as follow :			
Name of Doctor		Date of Vaccination	/ / 20 (dd/mm/yyyy)
Place of Vaccination	(please specify the name of the venue where the vaccination is provided)		
I declare <i>my child/my ward*</i> (Put a "✓" where appropriate):			
<input type="checkbox"/> has already received seasonal influenza vaccination in previous season and <i>my child/my ward*</i> is receiving the first and <u>only</u> dose of seasonal influenza vaccine in this vaccination season. <input type="checkbox"/> has never received seasonal influenza vaccination at any place before and can use subsidies for 2 doses of seasonal influenza vaccine in this vaccination season. <i>My child/my ward*</i> is receiving <input type="checkbox"/> the first dose of seasonal influenza vaccine in this vaccination season. <input type="checkbox"/> the second dose of seasonal influenza vaccine in this vaccination season.			
(Note: A child is eligible for vaccination subsidy if the child is either (i) between the age of 6 months and less than 6 years on the day of vaccination; or (ii) aged 6 years or above on the date of vaccination but is still attending a kindergarten/ child care centre in Hong Kong or received the first dose of seasonal influenza vaccine below the age of 6 in this vaccination season. For (ii), please provide copy of documentary proof to the service provider for verification of the eligibility.)			
The personal particulars of my child/ward* (as stated on the identity document)			
Name		(English)	(Chinese)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> dd mm yyyy </div>
Identity document (Please select an identity document and tick a box as appropriate and fill in the information required)			
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 100px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> </div>		
<input type="checkbox"/> Hong Kong Identity Card No.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 100px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> </div>	Date of Issue	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> dd mm yy </div>
<input type="checkbox"/> Hong Kong Re-entry Permit No.	<div style="border: 1px solid black; width: 100%; height: 30px;"> </div>		
<input type="checkbox"/> Document of Identity – Document No.	<div style="border: 1px solid black; width: 100%; height: 30px;"> </div>		
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B)- Birth Entry No.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> </div>	Permitted to remain until	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> dd mm yyyy </div>
<input type="checkbox"/> Non-Hong Kong Travel Document No. Visa / Reference No.	<div style="border: 1px solid black; width: 100%; height: 30px;"> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> - <div style="border: 1px solid black; width: 100px; height: 30px;"> </div> - <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px;"> </div> </div>		
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children – No. of Entry	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 30px;"> </div> / <div style="border: 1px solid black; width: 100px; height: 30px;"> </div> </div>		

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my child's/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's/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/ward has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read my child's/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 child's/ward's Smart Identity Card for the use by Government for the purposes as set out in the " Statement of Purpose of Collection of Personal Data".
4. 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.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Signature: _____

Date: _____(dd/mm/yyyy)

Name: _____

Relationship with the vaccine recipient:

Telephone Number: _____

Father Mother Guardian

Statement of Purpose of Collection of Personal Data

Purposes 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 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; and
 - (c) 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 Office,
Centre for Health Protection,
Block A, 2/F, 147C Argyle Street, Kowloon
Telephone No.: 2125 2125

DH_CIVSS(10/14)

Consent Form

ADULT

RECIPIENT'S PERSONAL DETAILS

Name : _____
Age : _____
Sex: M F

Organisation Name (if applicable): _____

Elderly Influenza Vaccination Subsidy Scheme

For participant aged 65 years old or above

Please fill in the box information based on the details stated on your valid HK Identity card (with chip).

HKID No. : _____ ()

Date of Birth : All figures stated of HKID card
____ D ____ M ____ Y

Issue Date : All figures stated on the Left Bottom Corner of HKID card (including: --day--month---year)
____ D ____ M ____ Y

RECIPIENT'S HEALTH RECORD

Please select the most suitable answer and mark a in the appropriate boxes below:

- Is this your first ever influenza vaccination? Not sure Yes No
- Are you allergic to egg/ egg white? If yes, please specify: Yes No
 Rash Facial swelling Others: _____
- Have you ever had allergy or other bad reaction to any vaccine or medication? If yes, please specify the name of vaccine(s)/ drug(s) and reaction(s) : _____ Yes No
- Are you suffering from the following diseases/ medical conditions? Yes No
If yes, please specify:
 Asthma/Chronic bronchitis Hypertension Diabetes
 Heart/Lung disease Pregnancy Kidneys/ Liver disease
 Immunosuppressed illness (e.g. AIDS)
 Other serious condition: _____

I declare that the information given above is correct and I consent to receiving the 2015-16 influenza (Quadrivalent) vaccination.

Must fill in

(or finger print if illiterate)

Signature of recipient: _____ Date: _____

Personal Telephone Number: _____

STAFF USE ONLY

Prescription : Fluarix Tetra (Quadrivalent) 2015-16 strains 0.5ml X 1 dose

UCN: OR WL BKT JD KF TSW CC Medical No. : _____

Doctor: _____ Signature: _____

Address: _____

Batch No.: _____ Given by: _____ Date: _____

Guidelines for Influenza Vaccination

2015-16 INFLUENZA VACCINATION SERVICE

FLUQUADRI-PAED by Sanofi Pasteur/ FLUARIX-TETRA by GSK will be offered



What is Influenza?

Influenza is a highly infectious viral illness. It is spread by airborne droplets among crowded population in enclosed spaces. It may also be spread from person to person by direct contact with infected secretions. The disease is characterised by fever, cough, headache, runny nose and malaise. It is usually self-limiting with recovery in two to seven days. However, it can be a serious illness to the weak and frail, such as elderly persons. Therefore, prevention of influenza is extremely important.

How can I prevent?

- Strengthen body resistance by regular exercise, balanced diet, and adequate rest
- Avoid going to overcrowded areas in influenza peak season
- Maintain good personal & environmental hygiene, wash hands after contacting with infectious person/ body fluids
- Receive an annual Influenza Vaccination

Who should have the Influenza vaccination (Intramuscular Injection)?

- People aged 6 months or above, especially for people at 50 years of age or above
- People with lower body resistance toward illness including: elderly, people with chronic disease e.g. Heart Disease, Asthma, Chronic Bronchitis, Diabetes, Renal Disease and High Blood Pressure, Young children aged between 6-59 months
- Working people who are susceptible to influenza: Caregivers of sick person or children, persons providing personal services, e.g. Sales, Healthcare Professionals, Hotel staffs, Teachers, etc.
- People who have frequent influenza infections & illnesses
- Obese individual with BMI ≥ 30

Do not use Influenza vaccine (Intramuscular Injection) in the event of:

- Children aged <6months
- Having allergic reactions to egg/ egg proteins or any other components of the influenza vaccine
- Fever or acute infection found on vaccination day
- For people having past history of Guillian-Barre Syndrome (Please consult their personal family doctor first before receiving the vaccination).

2015-16

Influenza Vaccine helps protecting one against the following flu strains

- A/California/7/2009 (H1N1) -like virus
- A/Switzerland/9715293/2013 (H3N2)-like virus
- B/Phuket/3073/2013-like virus
- B/Brisbane/60/2008-like virus

Protection lasts maximum for **1 YEAR** Annual vaccination is recommended.



Possible side effect:

- Local reactions may include redness/ tenderness and swelling of injection site. Systemic reactions may include mild fever, influenza-like symptoms, malaise and fatigue. These reactions are usually self limited and will resolve within 1-2 days without treatment.
- Guillain-Barre Syndrome (~3 case per million vaccinees).
- Meningitis or encephalopathy (~1 in 3 million doses distributed).
- Severe allergic reaction (anaphylaxis) (~9 in 10 million doses distributed).

Can people below age 18 years get vaccinated?

- Parent or Guardian's consent are required for children <18 years.
- Children <9 years who have never received influenza vaccination before should ideally have 2 doses given 4 weeks apart. Please indicate the child's date of birth and whether this is the child's first influenza vaccination clearly in the consent form.
- For a child who needs the 2nd dose, we will arrange accordingly while stocks available. (For Outreach vaccination programmes: parents may need to bring their child to clinic for vaccination by own if only one outreach vaccination event is arranged). Vaccine stock supplies are limited, please make reservation in advance.

Contact us

www.ucn.org.hk [facebook.com/ucnchs](https://www.facebook.com/ucnchs)

Kwun Tong Jockey Club Wo Lok CHC Unit 26-33, G/F, Kui On Hse, Wo Lok Estate, Hip Wo Street ☎2344-3444	Lam Tin Bradbury Kwong Tin CHC Unit 203, Kwong Tin Shopping Ctr, Kwong Tin Estate ☎2340-3022	Ngau Tau Kok UCN Cheerful Health Centre 1/F, Cheerful Court, 55 Choi Ha Road, Ngau Tau Kok ☎2230-0200	Jordan UCN Jordan CHC 13/F, Sino Cheer Plaza, No 23 Jordan Road ☎2770-8365	Tai Po Kwong Fuk CHC No 19, G/F, Kwong Yan House, Kwong Fuk Estate ☎2638-3846	Tin Shui Wai Jockey Club Tin Shui Wai CHC Unit 103, 1/F, Tin Ching Amenity and Community Building, Tin Ching Estate ☎3156-9000
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Medical Outreach Team Service
(No vaccination service provided)

☎ : 2357-4008

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基督教聯合那打素社康服務
UNITED CHRISTIAN NETHERSOLE COMMUNITY HEALTH SERVICE

STAFF USE ONLY

Regular CIVSS Pre-primary Institution Cert. Form

2015-16 INFLUENZA VACCINATION SERVICE

*For persons under 18 years of age/
mentally handicapped

*Each participant should fill in his/her own consent

FLUQUADRI-PAED by Sanofi Pasteur/ FLUARIX-TETRA by GSK will be offered

Parent's Consent Form

RECIPIENT'S PERSONAL DETAILS		Childhood Influenza Vaccination Subsidy Scheme
Name:	Age:	For children between the age of 6 months and less than 6 years on the vaccination day
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Please fill in the box information based on the details stated on a valid ID Document
Organisation Name (if applicable):		Valid I.D. Document No. :
Class/Class No.:		

RECIPIENT'S HEALTH RECORD
Please select the most suitable answer and mark a in the appropriate boxes below:

- Is this your first ever influenza vaccination? Not sure Yes No
- Are you allergic to egg/ egg white? If yes, please specify: Yes No
 Rash Facial swelling Others: _____
- Have you ever had allergy or other bad reaction to any vaccine or medication? If yes, please specify the name of vaccine(s)/ drug(s) and reaction(s) : _____ Yes No
- Are you suffering from the following diseases/ medical conditions? Yes No
 If yes, please specify:
 Asthma/Chronic bronchitis Immunosuppressed illness (e.g. AIDS)
 Glucose-6-phosphate dehydrogenase deficiency (G6PD) Pregnancy
 Other serious condition: _____

I _____, the parent/ guardian of the above named person, declare the information given above is correct and I consent for him/ her to receive 2015-16 (Quadrivalent) influenza vaccination.

↓ Must fill in

Signature of the parent/ guardian of recipient _____ Date: _____

Personal Telephone Number: _____

STAFF USE ONLY

Prescription: 1 dose 2 doses

FluQuadri-Paed (Quadrivalent) 2015-16 0.25ml (for age 6 to 35 months ONLY)

Fluarix Tetra (Quadrivalent) 2015-16 0.5ml (for age 36 months or above)

UCN: OR WL BKT JD KF TSW CC Medical No. : _____

Doctor: _____ Signature: _____

<input type="checkbox"/> 1 st dose-Injection Record	<input type="checkbox"/> 2 nd dose-Injection Record
Batch No.: _____	Batch No. : _____
Given by: _____ Date: _____	Given by: _____ Date: _____

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衛生署
兒童流感疫苗資助計劃
使用疫苗資助同意書

醫健通交易號碼： TC	所使用流感疫苗： 三價 <input type="checkbox"/> 四價 <input type="checkbox"/>
(由醫生填寫)	

注意：請用黑色或藍色筆以正楷填寫本同意書。每次使用疫苗資助，均須重新填寫此同意書。

在簽署本同意書前，請先閱讀有關本資助計劃及流感疫苗資料的單張。

由家長或合法監護人填寫(*請刪去不適用者)																			
本人同意使用政府在兒童流感疫苗資助計劃下提供的資助，為本人的子女/受監護者*接種本年度的季節性流感疫苗，詳情如下：																			
醫生姓名		接種日期	20 年 月 日																
接種流感疫苗的地點	(請列明接種疫苗地點的名稱)																		
本人聲明本人的子女/受監護者*:(請在下列其中一項的適當位置加上“✓”號)																			
<input type="checkbox"/> 在以往季度曾接種季節性流感疫苗，故今次是接種本年度唯一一劑(即單劑)的季節性流感疫苗。 在以往季度從未在任何地方接種季節性流感疫苗，本年度可使用兩次季節性流感疫苗資助，今次是：																			
<input type="checkbox"/> 接種本年度第一劑季節性流感疫苗。 <input type="checkbox"/> 接種本年度第二劑季節性流感疫苗。																			
(注意:兒童在接種日(i) 年齡介乎六個月至未滿六歲;或(ii)超過六歲但仍就讀於香港的幼稚園或幼兒中心或該兒童未滿六歲時已接種了本季度第一劑季節性流感疫苗，均可在本年度使用季節性流感疫苗資助。如屬(ii)，請向服務提供者提交相關的證明文件副本，以核實資格。)																			
本人子女/受監護者*個人資料(以身分證明文件所載者為準)																			
姓名	(英文)	(中文)																	
性別	<input type="checkbox"/> 男 <input type="checkbox"/> 女	出生日期	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;"> </td> <td style="border: 1px solid black; width: 25%; text-align: center;"> </td> <td style="border: 1px solid black; width: 25%; text-align: center;"> </td> <td style="border: 1px solid black; width: 25%; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">日 dd</td> <td style="text-align: center;">月 mm</td> <td colspan="2" style="text-align: center;">年 yyyy</td> </tr> </table>					日 dd	月 mm	年 yyyy									
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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或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診症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或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：本人同意授權醫生讀取儲存在本人子女或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。

簽署：_____

日期：20____年____月____日

姓名：_____

與接種疫苗者的關係：父 母 監護人

聯絡電話號碼：_____

收集個人資料目的

收集資料的目的

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；以及
 - (c) 作法例規定、授權或准許的任何其他合法用途。
2. 就是次會診所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：

九龍亞皆老街 147C 二樓 A 座

衛生防護中心

疫苗計劃辦事處

行政主任

電話號碼： 2125 2125

參加者同意書

基督教聯合那打素社康服務
 UNITED CHRISTIAN NETHERSOLE COMMUNITY HEALTH SERVICE
2015-16 流行性感冒疫苗預防注射服務
 *適用於 18 歲或以上人士填寫
 *每位參加者須各自填寫一份同意書
 【採用葛蘭素史克藥廠(GSK)的四價預防流感疫苗 FLUARIX-TETRA】

參加者個人資料		使用衛生署流感疫苗資助計劃 長者：年屆 65 歲或以上																									
姓名 (中文)：	年齡：	必須根據 有效(晶片)香港智能身份證 填寫： 香港身份證號碼：																									
團體名稱： (如適用)	性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>()</td> </tr> </table>								()																	
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		出生日期 (必須根據(晶片)香港智能身份證內所列日期填寫)： <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
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參加者個人健康記錄 (請回答下列問題，在適當的空格加上)

- 您是否第一次接受預防流感疫苗注射？ 不清楚 是 否
- 您是否對雞蛋/蛋白敏感？ 是 否
 如答「是」請註明：出疹 面腫 其他：_____
- 您是否對任何疫苗注射或藥物有敏感或不良反應？如：出疹/面腫 是 否
 如答「是」，請註明疫苗/藥物名稱及反應：_____
- 您現時是否患有下列疾病/有下列情況？如答「是」，請註明：是 否
哮喘/氣管疾病 高血壓 糖尿病 心臟病/肺病
懷孕 肝腎功能不全或受損 免疫系統不全或受損
其他嚴重疾病：_____ (如白血病/惡性腫瘤等)

本人聲明以上所提供之資料全屬正確，並同意接受 2015-16 預防流感疫苗(四價)注射。

↓ 必需簽署及填寫
 (如不會讀寫，請印上手指模，並註明所屬之手指)
 參加者簽署：_____ 日期：_____

聯絡電話：_____

職員專用欄	
Prescription: Fluarix Tetra (Quadrivalent) 2015-16 strains 0.5ml X 1 dose	
UCN: <input type="checkbox"/> OR <input type="checkbox"/> WL <input type="checkbox"/> BKT <input type="checkbox"/> JD <input type="checkbox"/> KF <input type="checkbox"/> TSW <input type="checkbox"/> CC	Medical No.: _____
Doctor: _____	Signature: _____
Address: _____	
Batch No.: _____	Given by: _____ Date: _____

2015-16 流行性感冒疫苗預防注射服務

【採用 (Sanofi Pasteur) 的(四價)預防流感疫苗 FLUQUADRI-PAED/ (GSK) 的(四價)預防流感疫苗 FLUARIX-TETRA】

什麼是流行性感冒？

流行性感冒 (流感) 是一種由流感病毒感染所引起的急性呼吸道疾病，主要是經空氣或飛沫傳播，亦可因直接接觸患者的分泌物或已被病毒污染的物件而被感染，傳染性極高。

患者通常出現發燒、咳嗽、肌肉痠痛等不適現象，情況可持續約 1 星期。高危人士如幼童及慢性疾病患者，當感染流感，出現併發症的風險更大。

預防方法

- 增強個人抵抗力：多做運動、均衡營養、保持心境開朗、適當休息
- 避免在人多擠迫及空氣不流通地方聚集
- 注意個人及公眾衛生，接觸污染物後儘快清潔雙手
- 注射「預防流感疫苗」

建議注射疫苗人士

- 滿 6 個月大或以上的人士，特別是年滿 50 歲或以上人士
- 抵抗力較弱人士：長者、任何患上慢性疾病的人士、幼童、孕婦
- 工作上，容易傳播或感染流感的人士：長期照顧幼兒的人士、從事服務性行業：包括營業員、醫護人員、飲食業、旅遊或酒店從業員、教師等
- 經常患上流感，影響工作、學業及身體健康的人士
- 肥胖人士 (身高體重比例 BMI ≥30)

不適合注射疫苗人士

- 6 個月以下嬰兒
- 對雞蛋、蛋白或預防流感疫苗成份有過敏反應的人士
- 在注射當日身體嚴重不適或有發熱症狀的人士
- 曾經患有格林-巴利氏綜合癥(Guillian-Barre Syndrome) 的人士，請先向家庭醫生諮詢，然後再接受注射

預防 流感 疫苗 注射 須知



2015-16

四價預防流感疫苗 (北半球適用) 可防禦的四種流感病毒, 包括:

- 甲型/ 加利福尼亞/ 7/2009 (H1N1)
- 甲型/ 瑞士/ 9715293/2013 (H3N2)
- 乙型/ 布吉/ 3073/2013
- 乙型/ 布里斯本/ 60/ 2008

疫苗有效期約 **1年**
建議每年需接受
疫苗 **一次**



接種後反應

- 常見的副作用包括輕微發熱、肌肉痠痛、針口週邊位置出現紅/ 腫/ 疼痛的局部現象, 多數會在注射後一、兩天內自動復原。
- 罕見情況: 格林-巴利氏綜合症(Guillian-Barre Syndrome) - 約一百萬分之三的機會。
- 極罕見情況: 出現腦膜炎或腦病變 - 約三百萬分之一的機會。
- 嚴重過敏 - 約一千萬分之九的機會。

18歲以下, 也可參加?

- 18歲以下的兒童或青少年需備有由家長/監護人簽署的同意書, 確定過往的病歷及/或敏感歷史, 方可申請參加。
- 若9歲以下的小童過往從未接受過預防流感疫苗, 建議在完成第一針後的四星期後, 注射第二針, 加強效用。所有家長/ 監護人必須清楚填寫小童的『出生日期』及『疫苗注射記錄咭』兩項, 以便醫生處方。
- 所有需要注射第二針的兒童, 本機構會按疫苗之供應情況, 盡量安排。疫苗數量有限, 敬請提前預約。

聯絡我們

www.ucn.org.hk [facebook.com/ucnchs](https://www.facebook.com/ucnchs)

觀塘 賽馬會和樂社區健康中心 協和街和樂邨居安樓 26-33號地下 ☎2344-3444	藍田 白普理廣田社區健康中心 廣田邨廣田商場203室 ☎2340-3022	牛頭角 聯合那打素彩頤健康中心 牛頭角彩霞道55號彩頤居一樓 ☎2230-0200	佐敦 基督教聯合那打素佐敦健康中心 佐敦道23號新寶廣場13樓全層 ☎2770-8365	大埔 廣福社區健康中心 廣福邨廣仁樓地下19號 ☎2638-3846	天水圍 賽馬會天水圍社區健康中心 天晴邨天晴社區綜合服務大樓1樓103室 ☎3156-9000
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社區醫療外展部 (不設注射服務) ☎ : 2357-4008

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基督教聯合那打素社康服務
UNITED CHRISTIAN NETHERSOLE COMMUNITY HEALTH SERVICE

職員專用
 Regular CIVSS 在學證明

2015-16

流行性感冒疫苗預防注射服務

家長/監護人同意書

*18歲以下或弱能人士須由家長/監護人填寫

*每位參加者須各自填寫一份同意書

【採用 (Sanofi Pasteur)的(四價)預防流感疫苗FLUQUADRI- PAED/ (GSK) 的四價預防流感疫苗FLUARIX -TETRA】

參加者個人資料		使用衛生署流感疫苗資助計劃
姓名 (中文):	年齡:	兒童: 接種當日年齡介乎6個月至未滿6歲 必須根據有效身份證明文件填寫:
	性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女	
出生日期:	日 月 年	有效身份證明文件號碼:
團體名稱(如適用):		
班別/學號:		
參加者個人健康記錄 (請回答下列問題, 在適當的空格加上 <input checked="" type="checkbox"/>)		
1. 參加者是否第一次接受預防流感疫苗注射?	<input type="checkbox"/> 不清楚	<input type="checkbox"/> 是 <input type="checkbox"/> 否
2. 參加者是否對雞蛋/ 蛋白敏感?		<input type="checkbox"/> 是 <input type="checkbox"/> 否
如答「是」請註明: <input type="checkbox"/> 出疹 <input type="checkbox"/> 面腫 <input type="checkbox"/> 其他: _____		
3. 參加者是否對任何疫苗注射或藥物有敏感或不良反應? 如: 出疹/面腫		<input type="checkbox"/> 是 <input type="checkbox"/> 否
如答「是」, 請註明疫苗/ 藥物名稱及反應: _____		
4. 參加者現時是否患有下列疾病/ 有下列情況? 如答「是」, 請註明:		<input type="checkbox"/> 是 <input type="checkbox"/> 否
<input type="checkbox"/> 哮喘/氣管疾病 <input type="checkbox"/> 免疫系統不全或受損 <input type="checkbox"/> 六磷酸脫氫酶		
<input type="checkbox"/> 懷孕 (如白血病/ 惡性腫瘤等) <input type="checkbox"/> 缺乏症(G6PD)		
<input type="checkbox"/> 其他嚴重疾病: _____		
本人 _____ 乃上列參加者之 家長/ 監護人 (請刪去不適用), 本人聲明以上資料全屬正確, 並同意本人的 兒/ 女/ 受監護人接受 2015-16 預防流感疫苗(四價)注射。		
必需簽署及填寫		
家長/監護人簽署: _____		日期: _____
聯絡電話: _____		

職員專用欄

Prescription: <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses	
<input type="checkbox"/> FluQuadri-Paed (Quadrivalent) 2015-16 0.25ml (for age 6 to 35 months ONLY)	
<input type="checkbox"/> Fluarix Tetra (Quadrivalent) 2015-16 0.5ml (for age 36 months or above)	
UCN: <input type="checkbox"/> OR <input type="checkbox"/> WL <input type="checkbox"/> BKT <input type="checkbox"/> JD <input type="checkbox"/> KF <input type="checkbox"/> TSW <input type="checkbox"/> CC Medical No.: _____	
Doctor: _____ Signature: _____	
<input type="checkbox"/> 1 st dose-Injection Record Batch No.: _____ Given by: _____ Date: _____	<input type="checkbox"/> 2 nd dose-Injection Record Batch No.: _____ Given by: _____ Date: _____

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