黃大仙天主教小學　　通告 e028

2026-2027 年度

有關「2026/27 季節性流感疫苗學校外展(免費)– 注射式疫苗」事宜

敬啟者：

本校將衞生署「2026/27 季節性流感疫苗學校外展計劃同意書」派予各家長，請留意以下事項：

日期	第一針：28/10/2026(三)上午隨堂進行 第二針：4/12/2026(五)上午隨堂進行 (9 歲以下從未接種流感疫苗之學童)
服飾	體育服
地點	本校禮堂
外展醫療機構	德信醫療有限公司
藥廠名稱	GSK(葛蘭素史克)
提供疫苗模式	注射式(滅活季節性流感疫苗)
費用	全免(由衞生署資助)
注意事項	● 請家長填妥由衞生署發出的同意書(若不同意，需填寫第三部分)，着 貴子弟於 7/9/2026(一)交回學校。 ● 同意接種疫苗的學童，如非香港出世，須附上有照片的有效身份證明文件副本(簽證身份證/回港證/海外護照簽證)作申請。 ● 請提醒 貴子弟在接種當天早上要進食早餐。 ● 若 貴子弟疫苗接種當天發燒或身體不適，將不適合接種疫苗，請家長以書面通告校方。 ● 不論是否參與是次疫苗接種活動，家長均須填寫同意書/不同意書表明是否讓 貴子弟接種疫苗。

請家長於 11/9/2026(五)或以前簽署此電子通告。如有查詢，可致電 2320 8367 與鄒曉怡老師聯絡。

此致

貴家長

WONG TAI SIN CATHOLIC PRIMARY SCHOOL 龍九 學小教主天仙大黃 KOWLOON HONG KONG

校長：趙懿蓮 謹啟

(趙懿蓮)

二零二六年九月四日

聖經金句：天主是我們的救助和力量，是患難中最易尋到的保障。(詠46：2)

負責老師：鄒曉怡老師

季節性流感疫苗學校外展計劃 – 同意書
注射式疫苗 或 噴鼻式疫苗

範本

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)

姓：陳

名：二

學生姓名[英文] *(姓氏先行，名字隨後)*

姓：C H A N

名：Y I

性別： ☑ 男 ☐ 女

疫苗接種者就讀的學校： 一二三中學 **班別：** 四甲 **班號：** 1

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： 3 1 日/ 1 2 月/ 2 0 1 1 年

香港出生證明書號碼： ( ) **或**

香港身份證號碼： A 3 3 3 3 3 3 (3)

如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接種疫苗。

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或噴鼻式季節性流感疫苗（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）沒有所選疫苗於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。)*

選用疫苗種類 （請只選一項）： ☑ **注射式疫苗** ☐ **噴鼻式疫苗**

家長／~~監護人／18 歲或以上之疫苗接種者~~* 姓名： 陳八	**與疫苗接種者關係（如適用）** ☑ 父 ☐ 母 ☐ 監護人
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 # BAAT	**聯絡電話：** 9666 6666
	簽署日期: 3/8/2026

 # 如家長／監護人／18 歲或以上之疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料

本人見證此同意書已在家長／監護人／18 歲或以上之疫苗接種者*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）

X X X (X)

見證人聯絡電話: **簽署日期:**

請注意：

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 2026／27 年度流感疫苗，請立即通知學校。
ii. 如你本人／你的子女／受監護者錯過了在學校的接種日，將**不會**再安排在學校內補接種疫苗。請到已經參與「疫苗資助計劃」的私家診所接種疫苗。.
iii. 如疫苗接種者為出血病症患者或服用抗凝血劑的人士，或正在懷孕或哺乳，請諮詢家庭醫生，並可到已經參與「疫苗資助計劃」的私家診所接種資助疫苗。
iv. 如接種當日發燒、急性疾病、嚴重慢性疾病或慢性疾病急性發作等情況，應延遲至病癒或穩定後才接種疫苗。

範本

第三部分【拒絕接種疫苗】（如同意，請填寫第二及第四部分）

☐ **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、禁忌症、承諾及聲明和收集個人資料的用途聲明，及

不同意 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。

家長／監護人／18 歲或以上之疫苗接種者* 姓名：	**與疫苗接種者關係（如適用）** ☐ 父 ☐ 母 ☐ 監護人
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 #	**聯絡電話:**
	簽署日期:

第四部分【登記醫健通同意書】（僅適用於非醫健通用戶）

(甲) 登記醫健通

所有 18 歲或以上的疫苗接種者必須登記醫健通。未滿 18 歲之疫苗接種者可選擇不登記醫健通。（請參閱表格之第四部分（乙））。

(一) 由 16 歲或以上之疫苗接種者填寫

☐ 本人**同意**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」。

疫苗接種者簽署:	**簽署日期:**	**手提電話號碼（透過短訊收取系統通知）:**

(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:

☑ 疫苗接種者為 **16 歲以下兒童**
家長／ ~~家人／同住人士／根據《未成年人監護條例》（香港法例第 13 章）委任的監護人／獲法院委任的人~~*

☐ 疫苗接種者為**年滿 16 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》（香港法例第 136 章）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*

代決人資料

英文姓氏: Chan	**香港身份證號碼：** B111111(1)
英文名: Baat	**如非香港身份證持有人，請填寫其他身份證明文件資料：**
手提電話號碼: 9666 6666 **（透過短訊收取系統通知）**	**證件號碼：** **證明文件類別 ：**
簽署: BAAT	**簽署日期:** 3/8/2026

(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。

第五部分 以下資料只由提供疫苗接種的接種職員填寫

第一劑 接種日		第二劑 接種日 *(只適用於九歲以下，從未接種季節性流感疫苗學童)*	
☐ **有**為學生接種流感疫苗		☐ **有**為學生接種流感疫苗	
☐ **沒有**為學生接種流感疫苗，**原因是學生：** ☐ 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，**原因是學生：** ☐ 缺課 ☐ 拒絕接種 ☐身體不適 ☐ 其他（請註明：_____）	
接種職員姓名及簽署：		**接種職員姓名及簽署：**	
私家醫生姓名：	**醫生**	**私家醫生姓名：**	**醫生**
外展日期：		**外展日期：**	

SAMPLE

Seasonal Influenza Vaccination School Outreach Programme – Consent Form
INJECTABLE VACCINE OR NASAL SPRAY VACCINE

Part I【Vaccine Recipient's Basic Information】

VACCINE RECIPIENT'S BASIC INFORMATION

Student's Full Name (as indicated in identity document) Surname C H A N

First Name A L I C E

Gender: ☐ Male ☑ Female

School which student attends ("School"): ABC Secondary School

Class: 4B **Class No.:** 1

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: 30 DD/ 12 MM/ 2011 YYYY

Hong Kong Birth Certificate (HKBC) number : ( ) **OR**

Hong Kong Identity Card No.: A 444444 (4)

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.

3. CONSENT

☑ I have read and understood the information in the Annex, including information on injectable and nasal spray 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 2026/ 27 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 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.]*

Choice of vaccine (choose one only) : ☐ **Injectable Vaccine (IIV)** ☑ **Nasal Spray Vaccine (LAIV)**

Name of Parents/ ~~Guardian / Vaccine Recipient Aged 18 or Above~~*: Mia Lee	**Relationship with Vaccine Recipient: (If Applicable)** ☐ Father ☑ Mother ☐ Guardian
Signature of Parents/ ~~Guardian/ Vaccine Recipient Aged 18 or Above~~*: (or finger print if illiterate #) MIA	**Contact Telephone No.:** 9777 7777
	Date of Signature: 3/8/2026

 # Witness shall complete the following if the parents/ guardian /vaccine recipient aged 18 or above has mental capacity but is illiterate:

This document has been read and explained to the parents/ guardian /vaccine recipient aged 18 or above* 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)

Contact Telephone No.: _____ **Date of Signature:** _____

Please note:

(i) If you/ your child/ ward (applicable to consented students) has/have received the 2026/ 27 SIV before this outreach activity, please inform the school immediately.

(ii) If you/ your child/ ward miss/misses the vaccination at school, **no mop-up** dose will be provided at the School. Please visit any private doctor enrolled in the specified programme "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.

(iv) In case of fever or suffering from acute disease, serious chronic diseases, acute exacerbations of chronic disease on the day of vaccination, vaccination should be deferred till recovery or stabilization of the condition.

SAMPLE

Part III【Refusal to Receive Vaccination】(For Consent, Please Complete Part II and IV)

☐ **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 2026/ 27.

Name of Parents/ Guardian / Vaccine Recipient Aged 18 or above*:	**Relationship with Vaccine Recipient: (If Applicable)** ☐ **Father** ☐ **Mother** ☐ **Guardian**
Signature of Parents/ Guardian / Vaccine Recipient Aged 18 or above*:(or finger print if illiterate #)	**Contact Telephone No.:**
	Date of Signature:

Part IV 【Consent to Register with eHealth】(For Non-eHealth Users Only)

(a) eHealth Registration

eHealth registration is a prerequisite for all vaccine recipients aged 18 years or above. Vaccine recipients who are aged below 18 years may opt out for registering with eHealth (please refer to Part IV(b) of this consent form).

(1) To be filled by vaccine recipient aged 16 or above

☐ I **AGREE** to register with eHealth and have read and understood the eHealth "Participant Information Notice" and "Personal Information Collection Statement".

Signature of Vaccine Recipient:	**Date of Signature:**	**Mobile Number (Receive System Notifications by SMS):**

(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".

Relationship with vaccine recipient:

☑ Vaccine recipient **aged under 16**
Parents/ ~~family member/ person residing with the vaccine recipient/ guardian appointed under the Guardianship of Minors Ordinance (Cap. 13)/ person appointed by court~~ *

☐ Vaccine recipient **aged 16 or above who is incapable of giving consent**
Family Member/ person residing 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 *

Information of the Substitute Decision Maker

Surname in English: Lee	**Hong Kong Identity Card No.:** B222222(2)
First Name in English: Mia	**For non HK Identity Card holder, please fill in information of other identity document.** **Document No.:** _____ **Document Type:**_____
Mobile Number (Receive System Notifications by SMS): 9777 7777	
Signature: MIA	**Date of Signature:** 3/8/2026

(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.

Part V To Be Filled In By The Vaccination Staff

First Dose Vaccination Day	**Second Dose** Vaccination Day *(Only applicable to students under 9 years old who have never received any seasonal influenza vaccination before)*
☐ Seasonal influenza vaccination (SIV) was provided to the student	☐ Seasonal influenza vaccination (SIV) was provided to the student
☐ SIV was **NOT** provided to the student as the student: ☐ was absent from school ☐ refused vaccination ☐ refused vaccination ☐ had discomfort ☐others (please specify: _____)	☐ SIV was **NOT** provided to the student as the student: ☐ was absent from school ☐ refused vaccination ☐ refused vaccination ☐ had discomfort ☐others (please specify: _____)

Name and Signature of Vaccination Staff:		**Name and Signature of Vaccination Staff:**	
Name of Private Doctor:	**Dr.**	**Name of Private Doctor:**	**Dr.**
Date of Activity:		**Date of Activity:**	