



香港道教聯合會圓玄學院第三中學家長教師會  
HKTA The Yuen Yuen Institute No.3 Secondary School

敬啟者：

據醫學資訊顯示，每年一月至四月乃流行性感冒在港病發之高峰期。由於流感主要是透過呼吸道傳染，小童、長者和長期病患者已被界定為“高危人仕”，提前接受流感疫苗注射則可減低其染病機會。有鑒於此，本會已聯絡基督教聯合那打素社康服務並達成協議，繼續為本校學生及家長提供流行性感冒疫苗注射服務。有關詳情如下：

1. 對象：本校學生及家長(包括家屬)
2. 流感疫苗：葛蘭素史克藥廠三價流感疫苗(FLUARIX)
3. 費用：每針港幣 65 元，(於繳交回條時繳付，當中 5 元將撥歸家教會作行政費用。)
4. 日期：二零一四年十二月二日(星期二)
5. 時間：上午九時至十時三十分
6. 地點：本校地下學生活動中心
7. 附註：(1) 如參加人數少於 15 位，則此活動將會取消。相關費用將以支票形式全數退回給已繳款家長。  
(2) 9 歲以下小童，過往從未接受過預防流感疫苗，建議在注射第一針後四星期或以後接受第二針，並繳付兩針費用。家長須自行攜帶小童到基督教聯合那打素社康服務的社區健康中心接受注射服務。

倘 台端或/及 貴子弟欲接受上述流行性感冒疫苗注射服務，煩請填具回條及「流行性感冒疫苗注射同意書」，於二零一四年十月十四日（星期二）前著 貴子弟連同相關費用交予班主任為荷。請注意有關服務乃由基督教聯合那打素社康服務提供，本會只負責聯絡及安排，參加與否，純屬自願，一切責任概與本會無關。

此致  
各位家長

香港道教聯合會圓玄學院第三中學  
家長教師會 謹啟

二零一四年十月七日

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回條

敬覆者：

有關「流行性感冒疫苗注射服務」事宜，來函領悉。本人

- ☐ 不接受「流行性感冒疫苗注射服務」。
- ☐ 接受「流行性感冒疫苗注射服務」，並呈上「流行性感冒疫苗注射同意書」(學生與家屬分別填寫)，敬希查收。

此覆  
香港道教聯合會圓玄學院第三中學  
家長教師會主席

家長姓名：\_\_\_\_\_

家長簽署：\_\_\_\_\_

學生姓名：\_\_\_\_\_

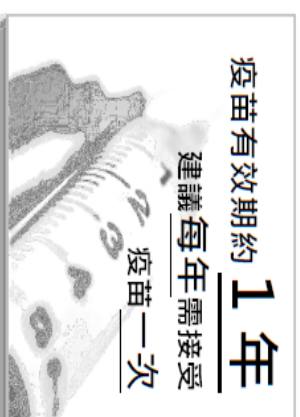
班 別：\_\_\_\_\_

二零一四年十月 日

\* 參與者須留意附件，並填妥有關回條及「流行性感冒疫苗注射同意書」，交回班主任。

# 2014-15 三價預防流感疫苗 (北半球適用) · 可防禦的三種流感病毒 · 包括：

- 甲型/加利福尼亞/7/2009 (H1N1)
- 甲型/德克薩斯州/50/2012 (H3N2)
- 乙型/麻省/2/2012



## 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 - 約三百萬分之一有機會。
- 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『疫苗注射記錄貼』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。

## 聯絡我們

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

觀塘	藍田	佐敦	大埔	天水圍
賽馬會和樂社區健康中心	白菩提廣田社區健康中心	基督教聯合打擊毒販健康中心	廣福社區健康中心	賽馬會天水圍社區健康中心
協和街和樂邨居安樓26-33號地下	廣田邨廣田商場203室	佐敦道23號新寶廣場13樓全層	廣福邨廣仁樓地下19號	天晴邨天晴社區綜合服務大樓1樓103室
☎ 2344-3444	☎ 2340-3022	☎ 2770-8365	☎ 2638-3846	☎ 3156-9000

社區醫療外展部 (不設注射服務) ☎ : 2357-4008

基督教聯合郡打素社區服務  
UNITED CHRISTIAN NEIGHBOURHOOD COMMUNITY HEALTH SERVICE

# 2014-15流行性感冒疫苗預防注射服務

(採用德國賽克史克藥廠(GSK)的三價預防疫苗Fluarix (滅活注射))

\* 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

# 家長/監護人同意書

職員專用  
☐ Regular ☐ CIVSS ☐ 在學證明

## 參加者個人資料

使用衛生署流感疫苗資助計劃

姓名 年齡：

兒童：按適當日年齡介乎6個月至未滿6歲

(中文)： 性別：☐男 ☐女

必須根據有效身份證明文件填寫：

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 ☒)

1. 參加者是否第一次接受預防流感疫苗注射？ ☐不清楚 ☐是 ☐否
2. 參加者是否對雞蛋/蛋白敏感？ 如答「是」，請註明：☐出疹 ☐面腫 ☐其他： 如答「是」，請註明：☐出疹/面腫 ☐是 ☐否
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 如答「是」，請註明：☐是 ☐否
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：☐是 ☐否

- ☐哮喘/氣管疾病 ☐免疫系統不全或受損 ☐六磷酸脫氫酶缺乏症(G6PD)
- ☐懷孕 ☐其他嚴重疾病： (如白血病/惡性腫瘤等)

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 2014-15 預防流感疫苗 (肌肉注射)。

## 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 : IMI Fluvarix 2014-15 strains 0.25ml/0.5ml ☐ 1 dose ☐ 2 doses  
UCN: ☐OR ☐WL ☐BKT ☐JD ☐KF ☐TSW Medical No.:  
Doctor: Signature:  
Address:

☐ 1<sup>st</sup> dose Injection Record Batch No.: Given by: Date: ☐ 2<sup>nd</sup> dose Injection Record Batch No.: Given by: Date:



HKTA The Yuen Yuen Institute No.3 Secondary School  
Parent-Teacher Association

7<sup>th</sup> October, 2014

To all parents,

According to medical studies, seasonal influenza, which is an actual illness of the respiratory tract, is usually more common in periods from January to April in Hong Kong. Influenza can be a serious disease to young children, the weak and frail or elderly, and may be complicated by bronchitis and pneumonia. It is strongly recommended to receive influenza vaccination to prevent the infection. With regard to this, PTA has contacted United Christian Nethersole Community Health Service to provide vaccination for students and parents of our school this year. Details are shown below:

1. Targets: Students and Parents ( relatives included) of YY3
2. Influenza vaccine : FLUARIX (trivalent) influenza vaccine by GlaxoSmithKline
3. Fee: \$65 each injection (to be submitted together with the reply slip, \$5 dollars of the fee will be used as the administration fee for the PTA)
4. Date: 2<sup>nd</sup> December 2014 (Tuesday)
5. Time: 9:00a.m.-10:30a.m.
6. Venue: Student Activity Centre on Ground floor in school
7. Remarks: (1) The activity will be cancelled if the number of participants is below 15. All the fees will be rebated to parents by cheques.  
(2) Children who are 9 years old who have never received influenza vaccination before should ideally have 2 doses given 4 weeks apart and pay two injection fees. For child who needs the 2<sup>nd</sup> dose, parents may need to bring their child to clinic under United Christian Nethersole Community Health Service for vaccination on their own

If you and/or your children would like to receive the vaccination, please kindly complete and return the following and "A consent letter for the injection of Seasonal Influenza vaccination" on or before 14<sup>th</sup> October 2014 (Tuesday together with the fees to the class teacher by your children. Please note that the injection service is provided by the United Christian Nethersole Community Health Service. You are free to decide whether to participate or not. We are only responsible for the liaison and arrangement. We are not liable to any responsibility.

Yours faithfully,

Parent-Teacher Association  
HKTA The Yuen Yuen Institute No.3 Secondary School

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Reply slip

\_\_\_\_\_ October, 2014.

To the chairman of the PTA (HKTAYY3),

I am informed of the matter concerning "The Injection of Seasonal Influenza vaccination".

\_\_\_\_ I do not want to receive "The Injection of Seasonal Influenza vaccination"

\_\_\_\_ I would like to receive "The Injection of Seasonal Influenza vaccination", attached is the "Consent letter for the injection of Seasonal Influenza vaccination" . ( To be completed by student and relatives separately)

Parent's Name : \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Student's Name : \_\_\_\_\_

Class: \_\_\_\_\_

\* Participants should pay attention to the attachment. The consent letter should be completed and submitted together with this reply slip to the class teacher.



Influenza Vaccine helps protecting one against the following flu strains:

**Protection lasts maximum  
for 1 YEAR**

**Annual vaccination is  
recommended.**

- A/California/7/2009 (H1N1)  
A/Texas/50/2012 (H3N2)  
B/Massachusetts/2/2012

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).

## Contact Us

<p><b>Kwun Tong</b></p> <p>Jockey Club Wo Lok CHC</p> <p>Unit 25-33, G/F, Kai On House, Wo Lok Estate, Hip Wo Street</p> <p>① 2344-3444</p>		<p><b>Lam Tin</b></p> <p>Bradbury Kwong Tin CHC</p> <p>Unit 203, Kwong Tin Shopping Centre, Kwong Tin Estate</p> <p>① 2340-3022</p>		<p><b>Jordan</b></p> <p>UCN Jordan CHC</p> <p>13/F, Sino Cheer Plaza, No 23 Jordan Road</p> <p>① 2770-8365</p>		<p><b>Tai Po</b></p> <p>Kwong Fuk CHC</p> <p>No 19, G/F, Tin Chung Amenity and House, Kwong Fuk Estate</p> <p>① 2638-3846</p>		<p><b>Tin Shui Wai</b></p> <p>Jockey Club Tin Shui Wai CHC</p> <p>Unit 103, 1/F, Tin Chung Amenity and Community Building, Tin Chung Estate</p> <p>① 3156-9000</p>
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**Medical Outreach Team Service** 📞 : 2357-4008  
(No vaccination service provided)

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# 2014-15 INFLUENZA VACCINATION SERVICE

FLUARIX (trivalent) influenza vaccine (by GSK) will be offered

\* For persons under 18 years of age/

mentally handicapped

\* Each participant should fill in his/her own consent

# Parent's Consent Form

**Childhood Influenza Vaccination Subsidy Scheme**

RECIPIENT'S PERSONAL DETAILS									
Name:		Age:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Date of Birth:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation Name (if applicable):		<div> <div>Please fill in the box information based on the details stated on a valid ID Document</div> <div>Valid ID Document No.:</div> <div></div> </div>							
Class/Class No.:									
RECIPIENT'S HEALTH RECORD									
Please select the most suitable answer and mark a <input checked="" type="checkbox"/> in the appropriate boxes below.									
1. Is this your first ever influenza vaccination?		<input type="checkbox"/> Not sure		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
2. Are you allergic to egg/ egg white? If yes, please specify:		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
<input type="checkbox"/> Rash <input type="checkbox"/> Facial swelling <input type="checkbox"/> Others: _____									
3. 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): _____				<input type="checkbox"/> Yes		<input type="checkbox"/> No			
4. Are you suffering from the following diseases/ medical conditions?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
If yes, please specify:									
<input type="checkbox"/> Asthma/Chronic bronchitis		<input type="checkbox"/> Immunosuppressed illness (e.g. AIDS)							
<input type="checkbox"/> Glucose-6-phosphate dehydrogenase deficiency (G6PD)		<input type="checkbox"/> Pregnancy							
<input type="checkbox"/> Other serious condition: _____									
I, m _____, the parent/ guidance of the above named person. I declare the information given above is correct and I accept to let he/ she receiving the 2014-15 influenza vaccination (Intramuscular Injection).									
<div> <div>⬇ Must fill in</div> <div>Signature of the parent/ guidance of recipient</div> <div>Personal Telephone Number: _____</div> </div>		Date: _____							
Staff Use Only									
Prescription: IMI Fluorix 2014-15 strains 0.25ml/ 0.5ml		<input type="checkbox"/> 1 dose		<input type="checkbox"/> 2 doses					
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		Medical No.: _____		Signature: _____					
Doctor: _____									
Address:									
<input type="checkbox"/> 1 <sup>st</sup> dose-Injection Record		<input type="checkbox"/> 2 <sup>nd</sup> dose-Injection Record							
Batch No.: _____		Batch No.: _____							
Given by: _____		Given by: _____							
Date: _____		Date: _____							