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：葛蘭素史克藥廠及賽諾菲巴斯德藥廠的四價流感疫苗(Fluarix Tetra Quadrivalent and FluQuadri Quadrivalent-Paediatric)
3. 費用：每針港幣 130 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：二零一五年十二月二日(星期三)
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 20 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」，於二零一五年十月十三日（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

二零一五年十月六日

****

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：_____

二零一五年十月　　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。

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

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觀塘	藍田	牛頭角	佐敦	大埔	天水圍
賽馬會和樂社區健康中心	白普樂廣田社區健康中心	聯合邵打素彩頸健康中心	基督教聯合邵打素佐敦健康中心	廣福社區健康中心	賽馬會天水圍社區健康中心
協和街和樂邨屋安樓 26-33號地下	廣田邨廣田商場 203室	牛頭角彩霞道55號彩頸屋一樓	佐敦道23號新寶廣場 13樓全層	廣福邨廣仁樓地下19號	天請邨天請社區綜合服務大樓 1樓 103室
2344-3444	2340-3022	2230-0200	2770-8365	2638-3846	3156-9000

社區醫療外展部（不設注射服務） ☎：2357-4008

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基督教聯合邵打素社區服務
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

姓名 (中文)：
年齡：
性別: ❑男 ❑女
出生日期： 日 月 年
團體名稱(如適用)：
班別/學號:

使用衛生署流感疫苗資助計劃

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:
有效身份證明文件號碼：

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？ ❑是 ❑否
   如答「是」請註明：❑出疹 ❑面腫 ❑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 ❑是 ❑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： ❑是 ❑否
   ❑哮喘/氣管疾病 ❑免疫系統不全或受損 (如白血病/ 惡性腫瘤等) ❑六磷酸脫氫酶缺乏症(G6PD)
   ❑懷孕
   ❑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: ❑ 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:

❑1st dose-Injection Record	❑2nd dose-Injection Record
Batch No.:	Batch No.:
Given by: Date:	Given by: Date:

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

6th October,2015

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 (Quadrivalent) influenza vaccine by GlaxoSmithKline and Sanofi Pasteur
3. Fee: $130 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: 2nd December 2015 (Wednesday)
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 20. 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 2nd 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 13th October 2015 (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

Reply slip

_____ October, 2015.

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.

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

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

Medical Outreach Team Service ✆ : 2357-4008
(No vaccination service provided)

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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

Parent's Consent Form

* 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

RECIPIENT'S PERSONAL DETAILS

Name: Age: Sex: ❑M ❑F

Date of Birth: D M Y

Organisation Name (if applicable):

Class/Class No.:

Childhood Influenza Vaccination Subsidy Scheme
For children between the age of 6 months and less than 6 years on the vaccination day

Please fill in the box information based on the details stated on a valid ID Document

Valid I.D. Document No. :

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

1. Is this your first ever influenza vaccination? ❑Not sure ❑Yes ❑No
2. Are you allergic to egg/ egg white? If yes, please specify: ❑Yes ❑No
   ❑ Rash ❑ Facial swelling ❑ 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) : _____ ❑Yes ❑No
4. Are you suffering from the following diseases/ medical conditions? If yes, please specify: ❑Yes ❑No
   ❑ Asthma/Chronic bronchitis ❑ Immunosuppresed 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:

❑1st dose-Injection Record	❑2nd dose-Injection Record
Batch No.: _____	Batch No. :_____
Given by: Date:	Given by: Date: