医智屯門晨曦學校 左眼拉孫乔笠址流式京共(名弗)南台

有關接種季節性流感疫苗(免費)事宜 (護字 2021-2022/05)

各位家長:

根據衛生署的建議,接種流感疫苗能有效預防流感及其併發症,應每年接種以加強保護,為此衛生署為學童推出免費接種季節性流感疫苗計劃。此外,季節性流感疫苗與 2019 冠狀病毒病疫苗 (復必泰或克爾來福)的建議接種間隔時間為最少 14 天,請家長留意。

如參加接種計劃,請家長簽回以下文件:

- 1. 通告回條
- 2. 季節性流感疫苗資助同意書(附件一) 共两頁
- 3. 健康評估及疫苗接種記錄(附件二)

所有文件需於 9 月 27 日前一併交回本校辦理,逾時交回視作不參加。如有任何疑問,請致電 24551615 與本校護士鄭姑娘或曾姑娘聯絡。

接種詳情如下:

女性 计 用 刈						
接種日期	第一次:2021年10月25日 0930-1200 (星期一)					
	第二次:2021年11月25日 1000-1100 (星期四)*					
		(*注意:未足九歲並從未注射過流感疫苗的小童,需於完成第一針後4星期後,				
	注射第二針)					
接種機構名稱	香港傳染病預防動力機構					
接種地點	本校					
疫苗種類	流感疫苗(四價)					
疫苗牌子	採用 雅培藥廠 (Abbott)					
	所製造的疫苗:Influvac Tetra (HK-66197)					
費 用	本校學生 (免費)					
	學生家屬(參考以下組別)					
	組別	費用				
	6 個月-12 歲以下					
	12 歲以上的 <u>小學生</u>	免費				
	50 歲或以上	(需填妥政府資助表格,並獲批准)				
	懷孕婦女					
	智障人士					
	領取傷殘津貼人士					
	12 歲-49 歲	\$100				
	如有意接種季節性流感疫苗的學生家長/家屬,請個別聯絡校護以作安排。					

此致

貴家長/監護人

匡智屯門晨曦學校校長

大村寺)謹啟

有關接種季節性流感疫苗(免費)事宜 (護字 2021-2022/05)

41-6	砸	+2	
敬	復	石	

一. 本人 同意 / 不同意 敝子弟接種季節性流感疫苗

請於9月27日或前交回

- 1. 通告回條
- 2. 季節性流感疫苗資助同意書(附件一) 共两頁
- 3. 健康評估及疫苗接種記錄(附件二)

此覆

匡智屯門晨曦學校校長

2021年9月日

家長/監護人簽署:_____

回條 『學生免費接種季節性流感疫苗』 (護字 2021-2022/05)

敬覆者:

二. 本人 同意 / 不同意 敝子弟接種季節性流感疫苗

請於9月27日或前交回

- 1. 通告回條
- 2. 季節性流感疫苗資助同意書(附件一) 共两頁
- 3. 健康評估及疫苗接種記錄(附件二)

此覆

匡智屯門晨曦學校校長

班學生

2021年9月日

家長/監護人簽署:

Hong Chi Morninglight School, Tuen Mun

Circular on Seasonal Influenza Vaccination (Free) Program

Ref No : Nur 2021-2022/05

September 20, 2021

Dear Parents/Guardians,

According to the Centre for Health Protection HKSAR, vaccination is one of the effective means to protect oneself against infectious diseases. The Centre has launched the Seasonal Influenza Vaccination Program (Free) for the students this year. It is recommended to have an interval of at least 14 days between administration of SIV and COVID-19 vaccines (Comirnaty or CoronaVac).

Please sign below documents for receiving vaccines:

- 1. Reply slip
- 2. Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme (Appex 1), total 2 pages
- 3. Health Assessment and Vaccination Record (Appex 2)

Please return all documents to school on or before Sep 27. Any late comers will be considered as not participant. Should you have any enquiry, please contact our nurse Ms Cheng or Ms Tsang at 2455 1615.

The details of the vaccination program are as follows:

	vaccination program are as follows:				
Date of injection	1 st dose: 0930 – 1200 on October 25, 2021 (Monday)				
	2 nd dose: 1000 – 1100 on November 25, 2021 (Thursay) *				
	(* Remark: Children under aged 9 who have never received any seasonal influenza				
	vaccine are recommended to be given 2 doses of seasonal influenza vaccine with minimum interval of 4 weeks.				
Organization	H.K. Prevention of Infectious Diseases Action				
Venue	Our school				
Types of vaccine	Quadrivalent influenza vaccine				
Brand of vaccine	Abbott, Influvac Tetra (HK-66197)				
Injection fee	Our students (Free)				
	Students' family members (according to the following group)				
	Group	Fee			
	6 months to under aged 12				
	Primary Students over 12 years old	Free			
	Aged 50 or above	(need to complete government funding			
	Pregnant women	form and get approval)			
	Intellectual Disability				
	Recipients of the disability allowance				
	Aged 12- 49	\$100			
If family members are interested in taking vaccine, please contact school					
	nurse for further arrangement.				

Yours faithfully,

AM Lee Ling

Principal

Ref No: Nur 2021-2022/05

Circular on Seasonal Influenza Vaccination (Free) Program

Dear Principal,

I AGREE / DISAGREE my child receive the seasonal influenza vaccination.

Pl	lease return on or before Sep 27:	
1.	. Reply slip	
2.	Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme (Appex 1), total 2 pages	٠, ,
3.	Health Assessment and Vaccination Record (Appex 2)	
	×	
	Name of Student:	
	Parent's/Guardian's Signature:	
	Date: / /2	021
	·	
Dear	Ref No: Nur 2021-2022 <u>Circular on Seasonal Influenza Vaccination (Free) Program</u> ar Principal,	2/05
I AC	GREE / DISAGREE my child receive the seasonal influenza vaccination.	
Ple	ease return on or before Sep 27:	
1.	Reply slip	
2.	Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme (Appex 1), total 2 pages	
3,	Health Assessment and Vaccination Record (Appex 2)	
	Name of Student:	
	Parent's/Guardian's Signature:	
	1 archit 5/Quardian 5 Signature.	_
	Date: / / 20	021
	Bate. 7 720	