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| **院舍編號** | | | | |  | **衞生署**  **2024/2025年度院舍防疫注射計劃**  **同意接種季節性流感疫苗（職員名單）** | | | | | | | | | | **附錄乙3** | | | | |
|  | | | | |  | **職員（同意）名單** | | | | |
|  | **季節性流感疫苗** | | | | |
|  | | | | |  |
| **院舍名稱：** | | | | | | | | | | | | | **到診註冊醫生姓名：** | | | | | | **(1)** | |
| **(2)** | |
|  |  | | | | | | | | | | | |
| **編號** | **職員資料**  **（由院舍負責人／主管於**     **年**   **月**   **日填寫）** | | | | | | | | | **季節性流感疫苗接種記錄**  **（由到診註冊醫生於接種疫苗後即日填寫）** | | | | | | | | | | |
| **姓名** | | | **身份證明 文件號碼**  **(例:A123456(7))** | | **出生日期**  **(日/月/年)** | | **性別** | **職位** | **疫苗批次編號：** | | **(1)** | | | **(2)** | | | | | **如暫時未能接種，**  **請註明原因** (請於該職員補打  當日立即  再傳真至本署) |
| **有效日期：** | | **(1)** | | | **(2)** | | | | |
| **疫苗批次編號**  **(1/2)** | **接種日期**  **(日/月/年)** | | **到診註冊醫生 (1/2)** | | | | | **到診註冊醫生**  **團隊負責人簽署/蓋印** | |
| 1 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 2 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 3 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 4 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 5 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 6 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 7 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 8 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 9 |  | | |  | |  | |  |  |  |  | |  | | | | |  | |  |
| 10 |  | | |  | |  | |  |  |  |  | |  | | | |  | | |  |
|  | | | | | | | | | | **已接種人數 (F2a)：** | | | | | | | | | | **未能接種人數 (F2b)：** |
| **聲明：本人明白本院有責任提供正確資料。如本人故意填報失實資料，可能被檢控及須承擔有關法律責任。** | | | | | | | | | | | | | | | | | | | | |
| **院舍負責人／主管姓名：** | | | | | | | **院舍負責人／主管簽署或院舍蓋印：** | | | | | | | **日期：** | | | | | 第   頁／共  頁 | |
| 備註： | | 1. | 請於**完成首次接種後的一星期內**將填妥的院友／職員名單（附錄乙1至乙3）、報告表（附錄戊1及戊2）及回收表格（附錄丙）傳真至衞生署項目管理及疫苗計劃科  **（傳真號碼：2713 6916）**。 | | | | | | | | | | | | | | | | | |
|  | | 2. | 以上個人資料主要供衞生署推行院舍防疫注射計劃之用，亦可能因此向有關部門披露。由於此文件載有個人資料，請院方妥善保存。 | | | | | | | | | | | | | | | | | |
|  | | 3. | 院舍職員有權查閱及修正個人資料。如有需要，職員可向上列院舍負責人／主管提出。 | | | | | | | | | | | | | | | | | |