|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **學校／服務機構編號** | | | | | | | **衞生署**  **2024/2025年度院舍防疫注射計劃**  **指定的智障人士服務機構為智障人士(非住院舍)提供流感疫苗**  **接種季節性流感疫苗（服務使用者名單）** | | | | | | | | | | | | | | **P 2b（9歲以下服務使用者）** | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | **服務使用者名單** | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | **季節性流感疫苗** | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **學校／服務機構名稱：** | | | | |  | | | | | | | | | | | | | | | **到診註冊醫生姓名：** | | | | | | | | |  | | | | |
|  | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | **2.** | | | | |
| **編號** | **使用本學校／服務機構的服務使用者資料**  **（由學校／服務機構負責人／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**  ( 9歲以下  服務使用者) | | | **身份證明**  **文件號碼(例:A123456(7))** | | **出生日期**  **（日/月/年）** | | **性別** | **需要**  **接種兩劑\***  **(請加X)** | | **父母／監護人／家屬表示**  **反對**  **[如反對， 請填“X”]** | **疫苗批次編號：** | | | | **(1)** | | | | | | | **疫苗批次編號：** | | | | | | **(2)** | | | | |
|  |  | | |  | |  | |  |  | |  | **有效日期：** | | | | **(1)** | | | | | | | **有效日期：** | | | | | | **(2)** | | | | |
|  |  | | |  | |  | |  |  | |  | **季節性流感疫苗(只需要注射一劑)** | | | | | **季節性流感疫苗(第一劑)\*** | | | | | | | | | **季節性流感疫苗(第二劑)\*** | | | | | | | **如暫時未能接種， 請註明原因**  (請於該服務使用者補打當日立即  再傳真至 本署) |
|  |  | | |  | |  | |  |  | |  | **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** | | **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** | | **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 |  | | |  | |  | |  | ☐ | | ☐ |  |  |  |  | |  |  |  | | | | |  | |  | |  | |  | |  |  |
| \*只適用於**九歲以下**及**從未接種過流感疫苗**的 兒童 | | | | | | | | | | | **反對接種 人數 (B1)：** | **已完成接種人數 (B2b)：**  **未完成接種人數 (B3b)：** | | | | | **已完成接種兩劑人數 (B2c)：** | | | | | | | | | | **只完成接種一劑人數 (B2d)：**  **完全未接種人數 (B3c)：** | | | | | | |
|  | | | | | | | | | | |  | **已接種的總人數 (B2b+B2c)：** | | | | | | | | | | **未能完成接種的總人數 (B2d+B3b+B3c)：** | | | | | | | | | | | |
| **聲明：本人明白本學校／服務機構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。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **學校／服務機構負責人／主管姓名：** | | | | | | | | | | **學校／服務機構負責人／主管簽署或學校／服務機構蓋印：** | | | | | | | | | | | | | | | **日期：** | | | | | | 第  頁／共  頁 | | |
| 備註： | |  | 請於**完成首次接種後的一星期內**將填妥的服務使用者／職員名單（P2a、P2b及P2c）、報告表（P5）及回收表格（P3）傳真至衞生署項目管理及疫苗計劃科  **（傳真號碼： 2544 3922）**。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | 服務使用者有權查閱及修正個人資料。如有需要，服務使用者可向上列學校／機構負責人／主管提出。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |