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| **殘疾人士院舍／宿舍／留宿幼兒中心編號** | | | | | | | | **衞生署**  **2024/2025年度院舍防疫注射計劃**  **季節性流感疫苗（所有院友／宿生名單）** | | | | | | | | | | | | | | | **附錄乙1b** ( 9歲以下院友／宿生 ) | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | **院友／宿生名單** | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | **季節性流感疫苗** | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| **院舍／宿舍／中心名稱:** | | | | |  | | | | | | | | | | | | | | | | **到診註冊醫生姓名：** | | | | | | | | |  | | |
|  | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | **2.** | | |
| **編號** | **所有院友／宿生資料**  **（由院舍／宿舍／中心負責人／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  院友／宿生) | | | **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\***  **(請填“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**  (請於該院友／宿生補打當日立即再 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 |  | | |  | |  |  | |  | |  |  |  |  |  | | |  |  |  | | | |  | |  |  |  | | |  |  | |
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| 3 |  | | |  | |  |  | |  | |  |  |  |  |  | | |  |  |  | | | |  | |  |  |  | | |  |  | |
| 4 |  | | |  | |  |  | |  | |  |  |  |  |  | | |  |  |  | | | |  | |  |  |  | | |  |  | |
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| 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 (B3c)：**  **完全未接種人數 (B3d)：** | | | | | |
|  | | | | | | | | | | |  | **已接種的總人數 (B2b+B2c)：** | | | | | | | | | | **未能完成接種的總人數 (B3b+B3c+B3d)：** | | | | | | | | | | |
| **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／宿舍／中心負責人／主管姓名：** | | | | | | | | | | **院舍／宿舍／中心負責人／主管簽署或蓋印：** | | | | | | | | | | | | | | | **日期：** | | | | | 第  頁／共  頁 | | |
| 備註： | |  | 請於**完成首次接種後的一星期內**將填妥的院友／宿生／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（附錄丙）  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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | 院舍／宿舍／中心院友／宿生有權查閱及修正個人資料。如有需要，院友／宿生可向上列院舍／宿舍／中心負責人／主管提出。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |