



2024/25 疫苗資助學校外展 (可額外收費)

**2024/25 Vaccination Subsidy Scheme  
School Outreach (Extra Charge Allowed)**

2024 年 8 月 August 2024



衛生署  
Department of Health

# 2024/25 疫苗資助學校外展 (可額外收費) VSS School Outreach (Extra Charge Allowed)

## 可參與計劃的學校

### Schools eligible to join

- 所有中學、小學、幼稚園、幼稚園暨幼兒中心、幼兒中心、特殊學校、特殊幼兒中心
- All secondary schools, primary schools, kindergartens, kindergarten-cum-child care centres, child care centres, special schools and special child care centres



# 2024/25 疫苗資助學校外展 (可額外收費) VSS School Outreach (Extra Charge Allowed)

## 資助額及醫生收費

### Subsidy Level and Service Fee

- 參與的學校內**所有學童**可獲政府**資助**接種季節性流感疫苗  
**All school children** of participating schools can receive seasonal influenza vaccination **with subsidy** from the Government.
- 資助額：每劑港幣260元  
Subsidy : HK\$260 for each dose
- 參與計劃的私家醫生可能會**額外收費**，有些醫生不會收費  
Enrolled private doctors **may impose extra charge. Some doctors do not charge**
- **學校員工和學生家庭成員亦可以參加**。屬「疫苗資助計劃」的合資格人士可獲資助，而非合資格人士可自費接種疫苗  
**School staff and students' family members may also join.** Persons eligible under Vaccination Subsidy Scheme can have subsidy, while ineligible persons may receive vaccination with self-payment



# 2024/25 疫苗資助學校外展 (可額外收費) VSS School Outreach (Extra Charge Allowed)

「疫苗資助計劃」的合資格群組

## Eligible Groups under VSS

- 50歲或以上人士  
Persons aged 50 years or above
- 6個月至未滿18歲的兒童或就讀於中學的學童  
Children between 6 months and less than 18 years old or secondary school students
- 孕婦  
Pregnant women
- 領取傷殘津貼的人士  
Recipients of Disability Allowance
- 領取綜援標準金額類別為「殘疾程度達100%」或「需要經常護理」的人士  
Recipients of standard rate of “100% disabled” or “requiring constant attendance” under CSSA
- 智障人士  
Persons with intellectual disability

# 2024/25 疫苗資助學校外展 (可額外收費) VSS School Outreach (Extra Charge Allowed)

- 計劃與流程  
**Planning and workflow**
- 接種前  
**Before Vaccination**
- 接種當日  
**Vaccination day**
- 接種後  
**After Vaccination**



# 計劃與流程

## Planning and workflow

### 選擇醫生

### selecting a doctor

- 醫生名單會上載至衛生防護中心網頁  
(<https://www.chp.gov.hk/tc/features/100634.html>)  
**List of Doctors** will be uploaded to the Centre for Health Protection Website  
(<https://www.chp.gov.hk/en/features/100634.html>)
- 選擇醫生後，提供資訊予家長/ 監護人  
After selecting a doctor, provide **information** to parents/ guardians
  - 醫生、有關疫苗、疫苗接種安排等資料  
Information about the doctor, the vaccine and vaccination arrangement, etc



# 計劃與流程

## Planning and workflow

### 選擇醫生 selecting a doctor

- 選擇醫生的準則(只供參考)，例如：

Criteria for selecting a doctor (for reference only), for example:

- 醫生的過往經驗  
doctor's past experience
  - 醫生能否在學校安排的日期提供服務？  
can the doctor provide service on the date arranged by school?
  - 補種疫苗的安排是否方便學生？  
Mop-up vaccination arrangement is convenient for students?
- 建議將選擇醫生的考慮準則記錄在案，利益申報，避免利益衝突  
Recommend record the reason for selecting a doctor, make declaration of interest and avoid any conflict of interest
  - 若醫生不收費，學校可考慮不需要進行招標或報價。若有需要，可參考「如何在非診所場地安排疫苗接種活動的指引」 ([https://www.chp.gov.hk/files/pdf/guidelines\\_vaccination\\_nonclinic\\_tc.pdf](https://www.chp.gov.hk/files/pdf/guidelines_vaccination_nonclinic_tc.pdf))。  
If doctors do not charge fees, schools can consider no need go through tendering or quotation. If required, may refer to "Guidelines on How to Arrange Vaccination Activities at Non-Clinic Settings" ([https://www.chp.gov.hk/files/pdf/guidelines\\_vaccination\\_nonclinic\\_eng.pdf](https://www.chp.gov.hk/files/pdf/guidelines_vaccination_nonclinic_eng.pdf)).



# 計劃與流程

## Planning and workflow

### 如何安排外展疫苗接種活動

#### How to arrange outreach vaccination activity

- 學校可與醫生商討服務安排，包括日期、時間、選用的疫苗種類  
Schools discuss with doctor about arrangement, such as date, time, type of vaccines to be used
- 學校可以與醫生商討**第一劑、第二劑、補種**等安排  
School discuss with doctor about arrangement of **first dose, second dose and mop-up** vaccination
- **九歲以下從未接種過**流感疫苗的合資格兒童，可獲資助接種**兩劑**。兩劑疫苗的接種時間最少**相隔四週**  
Children aged **below 9 who have never received** any seasonal influenza vaccine before, are entitled to receiving **2 subsidised doses**. The 2 doses should be separated by **at least 4 weeks**





## 計劃與流程

### Planning and workflow

1. 學校與醫生商討第一劑、第二劑 (九歲以下初接種)及補種的**日期和時間**  
School and doctor discuss the **date and time** of 1st dose and 2nd dose (aged below 9 and first time vaccination) and mop-up vaccination
2. 學校派發及收集**同意書**  
School distribute and collect **consent forms**
3. 學校安排接種**場地**  
School arrange vaccination **venue**
4. 編排接種當日的**流程**  
Prepare the **workflow** for vaccination day
5. 醫生於接種日期的**7天前**通知衛生署  
Doctor inform Department of Health **7 days before** the vaccination day

接種前

## Before Vaccination

學校向家長/ 監護人提供資訊

### Schools provide information to Parents/ Guardians

- 疫苗、疫苗接種安排和**外展醫生**的資料  
Information about the vaccine, vaccination arrangement and **outreach doctor**
- 醫護人員的**聯絡方法**，作查詢疫苗接種事宜之用  
**Contact details** of healthcare providers for enquiries concerning vaccination
- 邀請醫護人員提供有關疫苗的**資料單張**  
Invite healthcare providers to provide **information leaflets** about vaccination

# 接種前

## Before Vaccination

- 學校派發及收回所需文件，包括：
  - 「使用疫苗資助同意書」及
  - 「健康評估及疫苗接種記錄」

Schools **distribute and collect** the forms, including:

- Consent to Use Vaccination Subsidy and
  - Health Assessment Form and Vaccination Record
- 
- 檢查這些文件是否已由家長 / 監護人填妥，簽署及正確填寫學生的身分證明文件資料

Check whether these documents are **duly signed and completed by parents / guardians**, with correct information of student's identity document included

# 同意書 (中文樣本)

## Consent Form (Chinese sample)

**適用於參與疫苗資助學校外展 (可額外收費) 計劃之學童**

醫生者  
疫苗資助計劃  
使用疫苗資助同意書

醫館編 (資助) 交易號碼 (由醫生填寫)  
只可填寫一個交易號碼  
IG \_\_\_\_\_

注意：請用黑色或藍色筆以正楷填寫本同意書。按欄兩劑受資助的疫苗須填寫兩份同意書。  
在簽署本同意書前，請先閱讀有關上述資助計劃及所接種疫苗資料的單張。  
請在適當位置加上“✓”號及\* 刪去不適用者。

本人同意使用政府在疫苗資助計劃下提供的資助，為本人的子女 / 受監護者 \* 接種本年度的季節性流感疫苗，詳情如下：

醫生姓名		接種日期	
就讀學校名稱		班級及學號	
<b>季節性流感疫苗種類及劑次 (請在適當位置加上“✓”號)</b>			
<input type="checkbox"/> 滅活疫苗 (注射式)	9 歲或以上學童： <input type="checkbox"/> 本季度唯一劑 <input type="checkbox"/> 四價 <input type="checkbox"/> 三價		
<input type="checkbox"/> 滅活四價疫苗 (噴鼻式)	9 歲以下學童但過往季度曾接種季節性流感疫苗： <input type="checkbox"/> 本季度唯一劑 9 歲以下學童並從未接種季節性流感疫苗： <input type="checkbox"/> 本季度第一劑 <input type="checkbox"/> 本季度第二劑		
<b>接種疫苗者個人資料 (以身份證明文件所載者為準)</b>			
姓名：_____	_____		
英文 (姓氏) (名字)	中文 (姓氏) (名字)		
出生日期：____/____/____ (日/月/年/年/年)	性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女		
<b>身份證明文件 (請選擇下列其中一項身份證明文件，在適當位置加上“✓”號及填寫所需資料)</b>			
<input type="checkbox"/> 香港出生證明書登記號碼：	_____ ( )		
<input type="checkbox"/> 香港居民身份證號碼： 簽發日期：____/____/____ (日/月/年/年)	_____ ( ) 身份證特號標記： <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U		
<input type="checkbox"/> 香港特別行政區回港證號碼 (以“RM”或“RS”開首)： 簽發日期：____/____/____ (日/月/年/年/年)	R _____		
<input type="checkbox"/> 香港特別行政區簽證身份書證件號碼 (以“D”開首)： 簽發日期：____/____/____ (日/月/年/年)	D _____		
<input type="checkbox"/> 香港居留許可證 (ID 235B) 出生登記編號： 獲准逗留至：____/____/____ (日/月/年/年/年)	_____ ( )		
<input type="checkbox"/> 非香港簽證證件號碼 (例：外地簽發的護照)： 香港入境處簽證 / 參考編號：	_____ ( )		
<input type="checkbox"/> 生死登記處發出被養兒童的領養證明書記項編號：	_____ / _____		
<input type="checkbox"/> 如未持有以上證件，請附上其他身份證明文件副本：	證件號碼：_____		

DH\_VSS (04/20) 請於下頁繼續填寫及簽署 頁 1/2

本人已閱讀及完全理解此同意書中服務使用者的義務和責任及收集個人資料目的，並確認以上接種疫苗者現正就讀香港的小學或幼稚園 / 幼稚園暨幼兒中心 / 幼兒中心。

父母 / 監護人簽署：\_\_\_\_\_  
父母 / 監護人姓名：\_\_\_\_\_  
與接種疫苗者的關係：父 母 監護人  
聯絡電話號碼：\_\_\_\_\_  
日期：\_\_\_\_\_

### 承諾及聲明

- 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真實。
- 本人同意此同意書中本人子女 / 受監護者的個人資料及有關是次會診的任何資料供政府用於「收集個人資料目的」所述的用途。本人特此同意醫生將上述個人資料及有關是次會診的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉當局或會與我聯絡，以核實有關資料及本人子女 / 受監護者使用政府資助以接種疫苗事宜。
- 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
- 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

### 收集個人資料目的聲明

#### 收集個人資料目的

- 所提供的個人資料，會供政府作下列一項或多項用途：
  - 開設、處理及管理醫健通 (資助) 戶口，資助付款，以及執行和監察疫苗資助計劃，包括但不限於透過電子程序與人接事務處的數據核對；
  - 作統計和研究用途；以及
  - 你法例規定、授權或允許的任何其他合法用途。
- 就是次會診作出的疫苗接種記錄，可給公營及私營醫護人員取得，作為決定及提供服務使用者所需要的醫療服務用途。
- 提供個人資料乃屬自願性質，如果你不提供充分的資料，可能無法使用資助。

#### 接受轉介人的類別

- 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1 - 2 段所列收集資料的目的而向其他機構和第三者人士披露。

#### 查閱個人資料

- 根據《個人資料(私隱)條例》(香港法例第 486 章) 第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。

#### 查詢

- 如欲查閱或修改有關提供的個人資料，請聯絡：  
行政主任(疫苗資助計劃)  
地址：九龍亞皆老街 147C 衛生防護中心二樓 A 座  
電話：2125 2125



# 同意書 (英文樣本)

## Consent Form (English sample)

FOR SCHOOL CHILDREN PARTICIPATING IN SCHOOL OUTREACH (EXTRA CHARGE ALLOWED) PROGRAMME	
Consent to Use Vaccination Subsidy Vaccination Subsidy Scheme Department of Health	
eHS(S) Transaction No. (For Doctor's Use) <b>ONE TRANSACTION NUMBER ONLY</b> TG - -	
<p>Note: Please complete this form in BLOCK letters using black or blue pen. Put a "✓" in the most appropriate box and "delete" as appropriate. <b>Two consent forms are required for two doses of subsidised vaccination.</b> Please read the information about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.</p>	
I consent to use the Government subsidy for my child / my ward * to receive Seasonal Influenza Vaccination under the Vaccination Subsidy Scheme with details as follows:-	
Name of Doctor	Date of Vaccination
School Attending	Class & Student No.
Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)	
<input type="checkbox"/> Inactivated Influenza Vaccine (Injectable) <input type="checkbox"/> Quadrivalent <input type="checkbox"/> Trivalent <input type="checkbox"/> Quadrivalent Live Attenuated Influenza Vaccine (Nasal Spray)	<b>ALL school children aged 9 or above:</b> <input type="checkbox"/> The only dose for this season <b>Children aged below 9 but have received Seasonal Influenza Vaccination in previous seasons:</b> <input type="checkbox"/> The only dose for this season <b>Children aged below 9 but have NEVER received Seasonal Influenza Vaccination in previous seasons (vaccine naïve children):</b> <input type="checkbox"/> The first dose for this season <input type="checkbox"/> The second dose for this season
The Personal Details of Vaccine Recipient (as indicated on identity document)	
Name: _____ English (surname) (given name)	Chinese (surname) (given name)
Date of Birth: ____/____/____ (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Identity Document (Please put a "✓" in the box and fill in the document number as appropriate)	
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	( )
<input type="checkbox"/> Hong Kong Identity Card No.:	( )
Date of Issue: ____/____/____ (dd/mm/yyyy)	HKIC Symbol: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U
<input type="checkbox"/> Hong Kong Re-entry Permit No. (Beginning with "RM" / "RS"):	R
Date of Issue: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> HKSAR Document of Identity No. (Beginning with "D"):	D
Date of Issue: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Permit to Remain in HKSAR (ID 235B) - Birth Entry No.:	( )
Permitted to remain until: ____/____/____ (dd/mm/yyyy)	
<input type="checkbox"/> Non-Hong Kong Travel Documents No. (e.g. Foreign passports):	
HKSAR Visa / Reference No.:	-                 ( )
<input type="checkbox"/> Certificate issued by the Births Registry for adopted children - No. of Entry:	/
<input type="checkbox"/> If the recipient is not the holder of the above documents, please enclose a copy of other identity document.	Document number: _____

I have read / been informed and fully understood my obligation and liability under this consent form and the Statement of Purpose of Collection of Personal Data. I also confirm that the aforementioned vaccine recipient is currently attending primary school or kindergarten/ kindergarten-cum-child care centre/ child care centre in Hong Kong.

Signature of Parent / Guardian: \_\_\_\_\_  
 Name of Parent / Guardian (in English): \_\_\_\_\_  
 Relationship:  Father  Mother  Guardian  
 Contact Telephone No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Undertaking and Declaration

- I declare the information provided in this form is correct.
- I agree to provide my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data". I hereby give consent to the doctor to transfer and release my child/ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Department of Health may contact me to verify whether myself has received vaccination by using the Government subsidy.
- This consent form shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
- I have read this consent form carefully and fully understood my obligations and liability under this consent form.

### Statement of Purpose

#### Purpose of Collection

- The personal data provided will be used by the Government for one or more of the following purposes:
  - for creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Vaccination Subsidy Schemes, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department;
  - for statistical and research purposes; and
  - any other legitimate purposes as may be required, authorised or permitted by law.
- The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
- The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the subsidy.

#### Classes of Transferees

- The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations, and third parties for the purposes stated in paragraphs 1 and 2 above, if required.

#### Access to Personal Data

- You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.

#### Enquiries

- Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:  
 Executive Officer (Vaccination Subsidy Scheme)  
 Address: Centre for Health Protection, Block A, 2/F, 147C Argyle Street, Kowloon  
 Telephone No.: 2125 2125

# 健康評估及疫苗接種記錄

## Health Assessment Form and Vaccination Record

**Seasonal Influenza Vaccination / Pneumococcal Vaccination Health Assessment and Vaccination Record**  
季節性流感疫苗 / 肺炎球菌疫苗接種 健康評估表及疫苗接種記錄

I. **Information to be completed by service provider** 由服務提供者填寫的資料

Name of Doctor-in-charge (負責醫生姓名): \_\_\_\_\_  
Co-hosting Organisation (協辦機構名稱): \_\_\_\_\_  
Place of Vaccination (接種疫苗地點): \_\_\_\_\_  
Date of Vaccination (接種日期): \_\_\_\_\_  
Enquiry Telephone Number (查詢電話): \_\_\_\_\_

II. **Information to be completed by the vaccine recipient\*** 由接種者填寫的資料\*

Please put a ✓ in the appropriate box 請在適當方格內加上“✓”號

**A. Seasonal Influenza Vaccination 季節性流感疫苗接種**

Applicable to Inactivated Seasonal Influenza Vaccine 適用於滅活季節性流感疫苗	Yes 有	No 沒有
1 Have you ever received any seasonal influenza vaccination? 你曾否接受過流感疫苗接種?		
2 Do you have a history of allergic reaction to egg? 你是否對雞蛋曾出現過敏反應?		
3 Do you have a history of allergic reaction to any antibiotic? 你是否對任何抗生素曾出現過敏反應? (Please provide the name of antibiotic: _____) (請提供抗生素名稱: _____)		
4 Have you ever experienced any limb numbness or weakness after receiving prior seasonal influenza vaccination? 你是否曾在接種流感疫苗後, 出現手脚麻痺或無力?		
5 Do you have a history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine? 你是否對任何疫苗成分或接種任何流感疫苗後曾出現嚴重過敏反應?		
6 Are you suffering from any bleeding disorders or on anticoagulants? 你是否出血病症患者或正服用抗凝血劑?		

**Applicable to Live Attenuated Seasonal Influenza Nasal Vaccine (LAIV) 適用於減活噴鼻式季節性流感疫苗**  
(LAIV can only be used among non-pregnant and non-immunocompromised people 2-49 years of age. 減活流感疫苗只建議供年齡為兩歲至49歲的非懷孕及非免疫力低的人士使用。)

Applicable to Live Attenuated Seasonal Influenza Nasal Vaccine (LAIV) 適用於減活噴鼻式季節性流感疫苗	Yes 有	No 沒有
1 Have you ever received any seasonal influenza vaccination? 你曾否接受過流感疫苗接種?		
2 Do you have a history of allergic reaction to egg? 你是否對雞蛋曾出現過敏反應?		
3 Do you have a history of allergic reaction to any antibiotic? 你是否對任何抗生素曾出現過敏反應? (Please provide the name of antibiotic: _____) (請提供抗生素名稱: _____)		
4 Do you have a history of severe allergic reaction to any vaccine component or after previous dose of any influenza vaccine? 你是否對任何疫苗成分或接種任何流感疫苗後曾出現嚴重過敏反應?		
5 Are you currently taking concomitant aspirin or salicylate-containing therapy (for children and adolescents)? 你現在是否正服用阿士匹林或含水楊酸鹽藥物 (兒童和青少年)?		
6 Do you have asthma or have you suffered from wheezing episode during the preceding 12 months (for children aged 2 through 4 years)? 你是否有哮喘或於過去12個月曾出現喘鳴情況 (兩歲至四歲的兒童)?		
7 Are you immunocompromised? 你是否有免疫功能減弱的情況?		
8 Are you having close contact with severely immunosuppressed persons who require a protected environment? 你是否和免疫系統嚴重受抑制而需在受保護的環境下接受護理的人士有緊密接觸?		
9 Are you currently pregnant? 你是否現正懷孕?		
10 Have you received influenza antiviral medication within previous 48 hours? 你有否在過去48小時曾服用流感抗病毒藥物?		
11 Have you received any live attenuated vaccines within the last 4 weeks or plan to receive live attenuated vaccine within the next 4 weeks? 你有否在過去四星期內接種任何減活疫苗或計劃於未來四星期內接種任何減活疫苗?		

Note: Children under the age of 9 who have never received any seasonal influenza vaccination before need to receive a 2<sup>nd</sup> dose 4 weeks after receiving the 1<sup>st</sup> dose.  
注意: 9歲以下從未接種過流感疫苗之小童, 需於4星期後接種第二劑疫苗

注射式  
Injection

噴鼻式  
Nasal  
Spray

### B. Pneumococcal Vaccination 肺炎球菌疫苗接種

		Yes 有	No 沒有
1	Have you ever received 23vPPV pneumococcal vaccine? 你過去曾否接種二十三價肺炎球菌多醣疫苗?		
2	Have you ever received PCV13 pneumococcal vaccine? 你過去曾否接種十三價肺炎球菌結合疫苗?		
3	Have you ever developed allergic reaction following a prior dose of pneumococcal vaccine or to the vaccine component or any diphtheria toxoid-containing vaccine? 你是否曾對肺炎球菌疫苗或該疫苗的成分或含有白喉類毒素的疫苗出現過敏反應?		
4	Are you currently under chemotherapy or radiotherapy for cancer or plan to undergo splenectomy in less than two weeks' time? 你是否正在接受癌症的化療或電療或將會少於兩周後進行脾臟切除手術?		
5	Are you suffering from any bleeding disorders or on anticoagulants? 你是否出血病症患者或正服用抗凝血劑?		

Note:

Those aged 65 or above who have already received PCV13/23vPPV are not required to receive the same vaccine again. If you are not sure of your vaccination record, please check your vaccination card or request health care provider to check the vaccination record at the eHealth System (Subsidies).

65歲或以上人士於過去曾接種過十三價 / 二十三價肺炎球菌疫苗, 則無須重複注射相同肺炎球菌疫苗; 如不清楚過去有否注射肺炎球菌疫苗, 請先檢查注射卡或要求醫護人員查詢醫健通(資助)系統內疫苗接種記錄。

I declare that the information provided is correct and consent to receive the vaccination.  
本人聲明以上所提供之資料全屬正確, 並同意接受疫苗接種。

Name of participant (English): \_\_\_\_\_ 參加者姓名(中文): \_\_\_\_\_

Daytime Contact Number 日間聯絡電話: \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ (DD/MM/YY)(日/月/年) Age 年歲: \_\_\_\_\_

Gender 性別: M / F (男 / 女)

Type of HK Identity document 香港身份證明文件: \_\_\_\_\_

Document number 證明文件號碼: \_\_\_\_\_

Signature 簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

\* If the vaccine recipient is under the age of 18 or mentally incapacitated, the form should be signed by parent / guardian

若接種者為18歲以下或無行為能力, 由家長或監護人簽署

### III. Information to be completed by the healthcare worker providing vaccination 由提供接種的醫護人員填寫的資料

		Yes 有	No 沒有
1	Does the vaccine recipient have fever or flu symptoms on the vaccination day? 於接種當日, 接種者是否有發燒或感冒徵狀?		
2.	Does the recipient have high-risk conditions? (For PCV13 vaccination only) 接種者是否有高風險情況? (只適用於十三價肺炎球菌疫苗接種)		

Vaccine given 已接種的疫苗

• Name of Vaccine 疫苗名稱(1): \_\_\_\_\_

Lot No. 批次編號: \_\_\_\_\_ Expiry Date 有效日期: \_\_\_\_\_ (日/月/年)

• Name of Vaccine 疫苗名稱(2): \_\_\_\_\_

Lot No. 批次編號: \_\_\_\_\_ Expiry Date 有效日期: \_\_\_\_\_ (日/月/年)

Name of healthcare worker 醫護人員姓名: \_\_\_\_\_ Signature 簽署: \_\_\_\_\_

# 接種前

## Before Vaccination

### 場地安排

#### Venue arrangement

- 安排清潔、燈光足夠和空氣流通的場地  
Provide a clean, well lit and ventilated place

- 場地分區

#### Areas in the venue

- 輪候及登記：枱、椅  
Waiting and registration: tables, chairs
- 疫苗接種：長枱、椅  
Vaccination: long tables, chairs
- 接種後觀察 (指定的地方讓剛接種疫苗的人士休息)：椅  
Observation after vaccination (a designated place for recipients to rest): chairs
- 進行緊急治療 (如有需要)：軟墊  
Emergency treatment (if indicated): mattress



# 接種當日

## Vaccination day

學校協助安排：

Schools assist to：

- 通知醫護人員當日**缺課、發燒或不適**的學童名單  
Inform health care providers the list of students who are **absent** from school or have **fever or illness**
- 安排學生到場接種疫苗  
Arrange students to come to the venue for vaccination
- 接種疫苗後，安排學童留在現場**觀察至少15分鐘**  
Keep students for **observations for at least 15 minutes** after vaccination
- 如果學生接種疫苗後出現**不良反應**，**立即通知** 醫護人員，為學生進行評估及提供治療  
**Immediately inform** healthcare providers to assess and provide treatment if students have **adverse reactions** after vaccination



## 接種當日

### Vaccination day

學校協助安排：

Schools assist to :

- **通知家長第二劑的安排** (九歲以下初接種，如有需要)  
**Inform parents for the arrangement of the second dose** (for those aged below 9 with their first time vaccination, if appropriate)
  - 前往參與資助計劃的私家醫生診所接種  
Receive vaccination at enrolled doctor's clinic
  - 在學校接種第二劑流感疫苗的日期  
The date to receive the 2nd dose at school
- 如學童未能於當日接種疫苗 (例如缺課、不適合接種)，**通知家長所需的安排**  
If students do not receive vaccination on the vaccination day (for example, absent or unfit for vaccination), **inform parents about necessary arrangement**



# 接種當日

## Vaccination day

醫護人員把疫苗接種資料記錄在針卡後，學校協助把針卡交還家長 / 監護人保存

Schools assist to return the Vaccination Record Cards to parents / guardians after healthcare workers have recorded the details on the Cards



REMARKS 附註 (包括該藥廠的批號)	DOCTOR / CLINIC 醫生 / 診所	Date 日期	Type of Vaccine 疫苗

DEPARTMENT OF HEALTH  
THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATION REGION  
香港特別行政區政府衛生署  
VACCINATION RECORD  
疫苗注射記錄

Name 姓名

Date of Birth 出生日期

請使用「疫苗注射記錄卡」(DH 2684)  
Issue new Vaccination Record Card (DH 2684)

presented on receiving subsequent vaccination. Please keep all the records properly because they may be required later as documentation of the vaccine received.

下次接種疫苗時須出示此記錄。  
請妥善保存所有疫苗接種記錄卡或小冊子，因為這些記錄日後可作為曾接種過有關疫苗的證明。

DH2684 (Revised 08/2010)

重要文件，請永久保存  
 Please retain this immunization record indefinitely

如學童已參與**醫健通**，該疫苗接種紀錄亦會互通至醫健通。

Vaccination record will also be shared on **eHealth** for students who have joined.



# 醫健通

## eHealth

香港特別行政區政府 HKSARGOVT

## 接種後 After Vaccination

- 醫護人員會於當日安排持牌收集商**收集醫療廢物**  
Healthcare providers will arrange licensed collectors to **collect clinical waste** on the same day
- 醫護人員亦可以當日以私家車自行運送醫療廢物到位於青衣的化學廢物處理中心  
Healthcare providers could also self-deliver clinical waste to the Chemical Waste Treatment Centre at Tsing Yi by private car on the same day
- 詳情請與負責外展疫苗接種活動的醫護人員商討  
Please discuss the details with healthcare providers of school outreach vaccination

## 接種後 After Vaccination

- 若未能在當日收集醫療廢物，學校需提供可**上鎖**及**獨立**的櫃，**暫時存放**利器收集箱  
If clinical waste could not be collected on the same day, school needs to provide **lockable** and **independent** cabinet(s) for **temporary storage** of sharps boxes
  - 要知道暫存利器收集箱 (每個約 26 x 25 x 17 厘米) 的大約數目
  - Need to know the estimated number of sharps boxes (about 26 x 25 x 17 cm each) to be stored
- 當持牌醫療廢物收集商到場收集醫療廢物時，學校人員須在運載記錄上簽名，並把**粉紅色存根**轉交給醫護人員作記錄之用  
When the licensed collector comes to collect clinical waste, school staff needs to sign the trip ticket and forward the **pink copy** of the trip ticket to healthcare providers for record

# 接種後

## After Vaccination

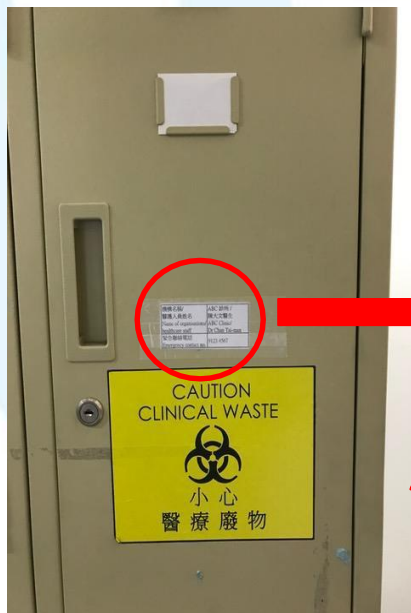


**To be arranged by the healthcare worker**  
 由醫護人員安排貼上標籤

### Example of a Label on Sharps boxes

利器收集箱上的標籤範例

機構名稱/ 醫護人員姓名 Name of healthcare worker / medical organisation	Dr TM Chan/ ABC Clinic 陳大文醫生/ ABC 診所
緊急聯絡電話 Emergency contact number	9XXX XXXX
產生醫療廢物地址 Address of clinical waste generation	XX school, XX street, Kowloon 九龍XX 街XX號XX學校
封箱日期date of sealing	XX /11 /2022



**To be arranged by the healthcare worker**  
 由醫護人員安排貼上標籤

### Example of Warning Sign and Label on a Temporary Storage Cabinet

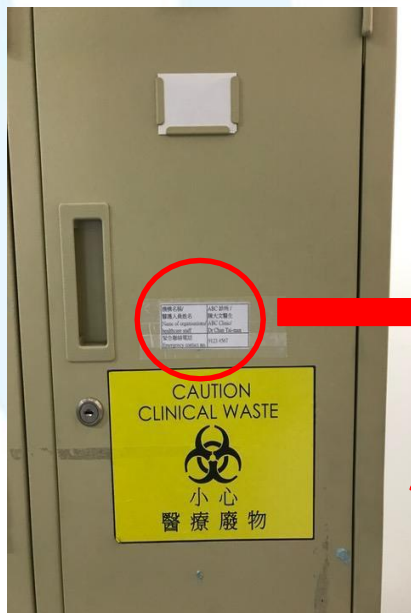
醫療廢物貯存櫃上的警告標示及標籤範例

機構名稱/ 醫護人員姓名 Name of healthcare worker / medical organisation	Dr TM Chan/ ABC Clinic 陳大文醫生/ ABC 診所
緊急聯絡電話 Emergency contact number	9XXX XXXX

# 接種後 After Vaccination



**To be arranged by the  
healthcare worker**  
由醫護人員安排貼上標籤



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封箱日期date of sealing	XX /11 /2022

## Example of Warning Sign and Label on a Temporary Storage Cabinet

醫療廢物貯存櫃上的警告標示及標籤範例

機構名稱/ 醫護人員姓名 Name of healthcare worker / medical organisation	Dr TM Chan/ ABC Clinic 陳大文醫生/ ABC 診所
緊急聯絡電話 Emergency contact number	9XXX XXXX

# 接種後 After Vaccination

Appendix 1

Vaccination Activity at Non-Clinic Setting under Vaccination Subsidy Scheme (VSS)  
School Outreach (Extra Charge Allowed) Programme  
Vaccination Report (On Vaccination Day)

Please check and fax or email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2713 9576 / Email Address: [gra\\_vs4@dh.gov.hk](mailto:gra_vs4@dh.gov.hk)) within 7 days after completion of each vaccination activity.

A. Information of outreach vaccination visit and activity organiser			
Name of Enrolled doctor		Service Provider ID	
Name of medical organisation			
Name of school and School code	(School Code: _____)		
Type of <u>Organiser</u>	<input type="checkbox"/> Kindergarten / Child Care Centre	<input type="checkbox"/> Primary School	<input type="checkbox"/> Secondary School
Date of vaccination			
B. Vaccine type (Put a "✓" as appropriate)			
<input type="checkbox"/> Inactivated influenza vaccine (Injection) (IIV)		<input type="checkbox"/> Live-attenuated influenza vaccine (Nasal Spray) (LAIV)	
<input type="checkbox"/> Others (e.g.: COVID-19) Please specify: _____			
C. Number of persons vaccinated			
Number of students		Number of non-students	
Total no. of students in school		Total no. of staff in school	IIV: _____
Total no. of students consented for vaccination before vaccination day		Total no. of staff vaccinated*	LAIV: _____
			Others (please specify): _____
Total no. of students vaccinated *	IIV: _____	Total no. of other persons vaccinated *	IIV: _____
	LAIV: _____		LAIV: _____
	Others: (please specify): _____		Others (please specify): _____

\*Counting actual no. of vaccinated persons on vaccination day (may be different from the no. of persons consented)

Fill in by School	Fill in by Doctor	Fill in by Medical Organisation
Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Date _____	Date _____	Date _____
Contact No. _____	Contact No. _____	Contact No. _____

(Official Stamp)

## 疫苗接種報告 Vaccination Report

- 協助醫生填妥疫苗接種報告  
Assist doctor to complete Vaccination Report
- 完成疫苗外展接種活動後 **7 天內** 交回  
Return **within 7 days** after the outreach vaccination activity



# 更多資訊

## More Information

更多資訊，請參考「[如何在非診所場地安排疫苗接種活動的指引](https://www.chp.gov.hk/files/pdf/guidelines_vaccination_nonclinic_tc.pdf)」  
([https://www.chp.gov.hk/files/pdf/guidelines\\_vaccination\\_nonclinic\\_tc.pdf](https://www.chp.gov.hk/files/pdf/guidelines_vaccination_nonclinic_tc.pdf))

For more information, please refer to “[Guidelines on How to Arrange Vaccination Activities at Non-Clinic Settings](https://www.chp.gov.hk/files/pdf/guidelines_vaccination_nonclinic_eng.pdf)”  
([https://www.chp.gov.hk/files/pdf/guidelines\\_vaccination\\_nonclinic\\_eng.pdf](https://www.chp.gov.hk/files/pdf/guidelines_vaccination_nonclinic_eng.pdf))





# 更多資訊 More Information

## 衛生防護中心網頁

The Centre for Health Protection website

<https://www.chp.gov.hk/tc/features/100634.html>

<https://www.chp.gov.hk/en/features/100634.html>

## 聯絡我們 **Contact Us**

項目管理及疫苗計劃科

Programme Management & Vaccination Division (PMVD)

電話 Phone: 2125 2125

傳真 Fax: 2713 9576

電郵 Email: [vacs@dh.gov.hk](mailto:vacs@dh.gov.hk)

地址 : 九龍紅磡德豐街18-22號海濱廣場二座3樓 3/F,

Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon