



惠僑英文中學

WAI KIU COLLEGE

九龍石硤尾偉智街十七號

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Ref. No. : SGS_SHD 22-23/01

9th November, 2022

Dear Parents / Guardians,

Vaccination Against Influenza

With the help of United Christian Nethersole Community Health Service, the school will provide influenza vaccination service for students. The details of the vaccination are as follows:

Cooperating organisation	United Christian Nethersole Community Health Service (with 18 years' experience in vaccination outreach)
Vaccination service	All vaccination service will be carried out by a registered nurse
Vaccine	Quadrivalent Influenza Vaccine (intramuscular injection)
Date of Vaccination	17 th November, 2022
Injection venue	School Hall
Fee for students	Free of charge
Points to note	Please refer to the attachment.

Please return the completed reply slip with I.D. copy and Vaccination Sundry Scheme consent form to the class teachers by **14th November, 2022 (Monday)**. Should you have any inquiry, feel free to contact Mr. Yeung Yuk-hoi at 2777-6289 or call the Community Medical Outreach Team at 2357-4008.

Yours faithfully,

CHENG Che-yin M.H.
(Principal)

-----><-----Reply Slip-----><-----

Ref. No. : SGS_SHD 22-23/01

Dear Principal,

I understand the details for the influenza vaccination service. I *agree / do not agree for my son/daughter to receive the said injection. (If you agree, you should complete the consent form).

Name of Student : _____ S. _____ ()

Signature of Parent / Guardian : _____

Contact Number of Parent / Guardian : _____

Date : _____

* tick where appropriate

Undertaking and Declaration

1. I declare the information provided in this form is correct.
2. I agree to provide my/my child's/my 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/my child's/my 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/my child's/my ward's has received vaccination by using the Government subsidy.
3. For Smart Identity Card holder: I agree to authorise the doctor to read my/my child's/my ward's personal data [limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card] stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purpose of Collection of Personal Data".
4. 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.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purpose

Purpose of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) 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;
 - (b) for statistical and research purposes
 - (c) for receiving vaccination information provided by the Government; and
 - (d) any other legitimate purposes as may be required, authorised or permitted by law.
2. 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.
3. The Department of Health may disclose/obtain your personal data and records to/from the Social Welfare Department for the purpose of verifying your eligibility under Vaccination Subsidy Scheme.
4. 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

5. 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

6. 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

7. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to:
Executive Officer (Vaccination Subsidy Scheme)
Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon
Telephone No.: 2125 2125

The Personal Details of 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)	
Note: Only Hong Kong Identity Card or Certificate of Exemption would be accepted for person aged 12 or above.	
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.:	_____ ()
<input checked="" 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"): Date of Issue: ____ (dd/mm/yyyy)	R _____
<input type="checkbox"/> HKSAR Document of Identity No. (Beginning with "D"): Date of Issue: ____ (dd/mm/yyyy)	D _____
<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"/> Serial No. of the Certificate of Exemption: Reference No.: HKID No. shown on the Certificate: Date of Issue: ____ (dd/mm/yyyy)	_____ _____ _____ ()

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.

After you save the signed form, you will no longer be able to edit it.
Save a copy first before you sign, if necessary. Please sign your name here

Signature of recipient (or finger print if illiterate#): _____

Contact Telephone No.: _____

Date: _____

Parent / Guardian should complete the following only if recipient is aged below 18 / mentally incapacitated

After you save the signed form, you will no longer be able to edit it. Save a copy first before you sign, if necessary. Please sign your name here

Signature of Parent / Guardian: _____

Name of Parent / Guardian (in English): _____

Relationship: Father Mother Guardian

Contact Telephone No.: _____

Date: _____

Witness should complete the following if the recipient has mental capacity but is illiterate

~~This document has been read and explained to the recipient in my presence.~~ After you save the signed form, you will no longer be able to edit it.
Save a copy first before you sign, if necessary. Please sign your name here

Signature of Witness: _____

Name of Witness (in English): _____

Hong Kong Identity Card No.: _____ (X) (X) (X) (X)
(only the alphabet and the first three digits are required)

Contact Telephone No.: _____

Date: _____

www.uchc.org.hk

Quadrivalent influenza vaccine will be offered
FLUARIX TETRA • GlaxoSmithKline (GSK)
Manufactured in Germany

INFLUENZA VACCINATION SERVICE
Quadrivalent influenza vaccine will be offered
FLUARIX TETRA • GlaxoSmithKline (GSK)
Manufactured in Germany

2022/23 Inactivated influenza vaccine (Northern Hemisphere) contains the following:

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus;
- a B/Austria/1359417/2021-like virus (B/Victoria lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage)

Guidelines for

Influenza Vaccination

Service

Who should have the Influenza vaccination?

- People aged 6 months or above, especially for:
- Pregnant Women
 - Children age between 6 months and less than 12 years
 - Persons age 50 years or above
 - Long-stay residents of institutions for the Persons with Disabilities
 - Persons with chronic medical problems
 - Health care workers
 - People who need frequent contact with others
 - Persons who would like to have better protection during COVID pandemic

Note: Influenza vaccines can be co-administered concomitantly, or at any time before or after any other vaccines (including live attenuated vaccines) under informed consent.

Dosage

- For individuals aged 9 years old or above: only 1 dose is needed. Annual vaccination is recommended.
- For children 6 months to aged < 9 years, who have not previously been vaccinated against influenza, a second dose should be given after an interval of at least 4 weeks.

Possible side effect

- Local reactions may include occasional soreness, redness/ or swelling at the injection site. Systemic reactions may include mild fever, muscle-pain, influenza-like symptoms, malaise and fatigue. These symptoms may appear 6 to 12 hours after vaccination and last up to two days.
- Serious and rare adverse events may include: Guillain-Barre Syndrome (~1 to 2 case per million vaccinees). Meningitis or encephalopathy (~1 in 3 million doses distributed). Severe allergic reaction (anaphylaxis) (~9 in 10 million doses distributed).



Additional Tips for prevention of influenza: Regular exercise, balanced diet, and adequate rest. Avoid going to overcrowded areas in influenza peak season. Maintain good personal & environmental hygiene.

Contact Us

Kwun Tong	Lam Tin	Jordan	Tai Po	Tin Shui Wai
Jockey Club Wo Lok CHC	Bradbury Kwong Tin CHC	UCN Jordan CHC	Kwong Fuk CHC	Jockey Club Tin Shui Wai CHC
Unit 26-33, G/F, Kui On Hse, Wo Lok Estate, Hip Wo Street	Unit 203, Kwong Tin Shopping Ctr, Kwong Tin Estate	13/F, Sino Cheer Plaza, No 23 Jordan Road	No 19, G/F, Kwong Yan House, Kwong Fuk Estate	Unit 103, 1/F, Tin Ching Amenity and Community Building, Tin Ching Estate
☎ 2344-3444	☎ 2340-3022	☎ 2770-8365	☎ 2638-3846	☎ 3156-9000

Outreach Service : 2357-4008

Staff Use Only
 Regular
 CVSS
 AVSS
 EVSS
 IPW
 DA Recipients
 PID/VSS
 E-consent

Parent / Guardian Consent Form

This consent form MUST be completed by parent/ guardian of:
 Persons under 18 years of age/mentally incapacitated

(A) Recipient's Personal Details (as indicated on identity document)

Name: _____ Organization Name: **Wai Kiu College**
(if applicable):
Age: _____ Sex: M F Y
Date of Birth: _____ D _____ M _____ Y
Class: _____ Class No.: _____

Government Vaccination Subsidy

Please complete all the boxes below:
Note: Government subsidy can only be claimed upon presentation of a valid Hong Kong resident identity document and other required documentary proofs. If inaccurate/ inadequate information was given, the person may fail to apply for the Government Subsidy, and shall be required to return the cost of this vaccination

Applicant is a HK resident and he/she is a:
a. Child aged 6 months to under 12 years OR attending a primary school in HK at the time of vaccination
b. Person with intellectual disabilities
c. Persons receiving Disability Allowance/Persons who are recipients of standard rate of "100% disabled" or "requiring constant attendance" under Comprehensive Social Security Assistance Scheme
d. Person aged 50 years old or above (the recipient is mentally incapacitated)

HK Birth Certificate Registration Number: _____ ()
HK Identity Card No./other identity document: _____
For Persons aged 12 or above, must use HK Identity Card
HK Identity Card Issue Date: _____
6 digits stated on the Middle Bottom under the Bracket
D _____ M _____ Y

(B) Recipient's Health Record

Please select the most suitable answer and mark a in the appropriate boxes below.

- Is this the first ever influenza vaccination for the recipient? Not sure Yes No
- Is the recipient allergic to eggs? Or have ever had allergy or other bad reaction to any vaccine or medication? If yes, please specify:
Egg Allergy: Rash Numbness/ Swelling Others: _____
The name of vaccine(s)/ drug(s) and reaction(s): _____
- Has the recipient ever experienced any limb numbness or weakness, or allergic reactions after receiving seasonal influenza vaccination?
 Yes No
- Is the recipient suffering from any bleeding disorders or on blood thinners?
 Yes No
- (On vaccination day) Does the recipient has fever or feel sick?
 Yes No

I _____, the parent/ guardian of the vaccine recipient, declare the information given above is correct and I consent for him/ her to receive 2022/23 inactivated influenza (Quadrivalent) vaccination.

(or finger print if illiterate) Signature of the parent/ guardian of recipient _____ Date: _____
Contact Number of parent/ guardian (must fill-in): _____

Staff Use Only
Prescription: Fluarix Tetra 2022/23 strains 0.5ml 1 dose 2 doses Intramuscular injection
UCN: OR WL BKT JD KF TSW Medical No.: _____
Doctor: _____ Signature: _____
 1st dose-Injection Record Given by: _____ Given by: _____
Batch No.: _____ Date: _____ Date: _____
Outreach only (for schools): NO vaccination due to: Absent Sick Refused Others: _____
Outreach only (for schools): NO vaccination due to: Absent Sick Refused Others: _____