



# 惠僑英文中學

## WAI KIU COLLEGE

九龍石硤尾偉智街十七號

17 Wai Chi Street, Shek Kip Mei, Kowloon, Hong Kong.

電郵地址(E-mail): wkc@wkc.edu.hk

電話: 852-2777 6289 傳真: 852-27767727

Tel: 852-2777 6289 Fax: 852-27767727

網址(Website): <http://www.wkc.edu.hk>

Ref. No. : SGS\_SHD 23-24/02

20<sup>th</sup> September, 2023

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 <sup>th</sup> November, 2023
Injection venue	School Hall
Fee for students	<b>Free of charge</b>
Points to note	Please refer to the attachment.

Please return the completed reply slip with I.D. copy and Vaccination Sidsidy Scheme consent form to the class teachers by **6<sup>th</sup> October, 2023(Friday)**. 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 23-24/02

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



2023/24 inactivated influenza vaccine (Northern Hemisphere) contains the following:

1. an A/Victoria/4897/2022 (H1N1) pdm09-like virus;
2. an A/Darwin/9/2021 (H3N2)-like virus; and
3. a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
4. a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Quadrivalent influenza vaccine will be offered

FLUARIX TETRA • GlaxoSmithKline (GSK)  
Manufactured in Germany

## Guidelines for Influenza Vaccination Service

### Who should have the Influenza vaccination?

People aged 6 months or above, especially for:

- Pregnant Women
- Children and adolescences
- 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

Outreach Service : 2357-4008

#### Kwun Tong

Jockey Club  
Wo Lok Club

Unit 26-33, G/F,  
Kui On Hse,  
Wo Lok Estate,  
Hip Wo Street

☎ 2344-3444

#### Lam Tin

Bradbury  
Kwong Tin CHC

Unit 203,  
Kwong Tin  
Shopping Ctr,  
Kwong Tin Estate

☎ 2340-3022

#### Jordan

UCN  
Jordan CHC

13/F,  
Sino Cheer Plaza,  
No 23 Jordan  
Road

☎ 2770-8365

#### Tai Po

Kwong Fuk  
CHC

No 19, G/F,  
Kwong Yan  
House, Kwong  
Fuk Estate

☎ 2638-3846

#### Tin Shui Wai

Jockey Club  
Tin Shui Wai CHC

Unit 103, 1/F,  
Tin Ching Amenity and  
Community Building,  
Tin Ching Estate

☎ 3156-9000

## Parent / Guardian Consent Form

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

This consent form MUST be completed by parent/ guardian of:  
 Persons under 18 years of age  Persons over 18 years of age attending a secondary school in HK  
 Mentally incapacitated  Each participant should fill in his/her own consent

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

Name: \_\_\_\_\_ Organization Name: WAI KIU COLLEGE  
Age: \_\_\_\_\_ Sex:  M  F (if applicable):  
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 18 years / over 18 years of age attending a secondary 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

1. Is this the first ever influenza vaccination for the recipient?  Not sure  Yes  No
  2. Is the recipient allergic to eggs? Or have ever had allergy or other bad reaction to any vaccine or medication? If yes, please specify:  Yes  No  
Egg Allergy:  Rash  Numbness/Swelling  Others: \_\_\_\_\_  
The name of vaccine(s)/ drug(s) and reaction(s): \_\_\_\_\_
  3. Has the recipient ever experienced any limb numbness or weakness, or allergic reactions after receiving seasonal influenza vaccination?  Yes  No
  4. Is the recipient suffering from any bleeding disorders or on blood thinners?  Yes  No
  5. (On vaccination day) Does the recipient has fever or feel sick?  Yes  No
- above is correct and I consent for him/ her to receive 2023/24 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 2023/24 strains 0.5ml  I1 dose  I2 doses  Intramuscular Injection

Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

1<sup>st</sup> dose-Injection Record  Lt. deltoid  Rt. deltoid  
Batch No: \_\_\_\_\_      
Given by: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> dose-Injection Record  Lt. deltoid  Rt. deltoid  
Batch No: \_\_\_\_\_      
Given by: \_\_\_\_\_ Date: \_\_\_\_\_

Outreach only (for schools): NO vaccination due to:  Absent  Sick  Refused  Others: \_\_\_\_\_



## 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><u>ONE TRANSACTION NUMBER ONLY</u></b> TG _____ - _____ - _____
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Note: Please complete this form in BLOCK letters using black or blue pen. Put a "✓" in the most appropriate box and \*delete as appropriate. **Two consent forms are required for two doses of subsidised vaccination.** Please read the information sheet about the Vaccination Subsidy Scheme and the concerned vaccine before you sign this form.

\*\*\*\*\*  
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	UCN - Dr Lai Kit Chi	Date of Vaccination	
School Attending		Class & Student No.	( )

#### Type and Dose Sequence of Seasonal Influenza Vaccine (Put a "✓" in the most appropriate box)

<input checked="" type="checkbox"/> Quadrivalent Inactivated Influenza Vaccine (Injectable)  <input type="checkbox"/> Quadrivalent Live Attenuated Influenza Vaccine (Nasal Spray)	<b>ALL school children aged 9 or above:</b> <input checked="" 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
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#### The Personal Details of Vaccine Recipient (as indicated on identity document)

Name: _____ (English) English (surname) (given name)	_____ (Chinese) Chinese (surname) (given name)
Date of Birth: ____/____/____ (dd/mm/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

#### Identity Document School children aged 12 or above must use Hong Kong Identity Card

(Please put a "✓" in the box and fill in the document number as appropriate)

<input type="checkbox"/> Hong Kong Birth Certificate Registration No.: (Beginning with "N/S")	_____ ( )
<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"): 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"/> If the recipient is not the holder of the above documents, please enclose a <b>copy</b> 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 secondary school, primary school, kindergarten, kindergarten-cum-child care centre or child care centre in Hong Kong.

Signature of Parent / Guardian:	_____
Name of Parent / Guardian (in English):	_____
Relationship:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
Contact Telephone No.:	_____
Date:	_____

\*\*\*\*\*

**Undertaking and Declaration**

1. I declare the information provided in this form is correct.
2. 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.
3. 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.
4. 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 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**

4. 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**

5. 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**

6. 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