陳瑞祺（喇沙）書院
九龍何文田常和街四號
電話：二七一一八一七五
傳真：二七六二一五五零

CHAN SUI KI (LA SALLE) COLLEGE
4 SHEUNG WO STREET, HOMANTIN,
KOWLOON, HONG KONG.
TEL : 27118175
FAX : 27621550

20th October 2025 Circular No. 25034

Dear Parents/ Guardians,

2025/26 Seasonal Influenza Vaccination School Outreach

We have joined the seasonal influenza vaccination school outreach (free of charge) program organised by the Department of Health. Dedicare Medical Centre will come to our school to provide quadrivalent influenza vaccination to our students.

The outreach programme, originally scheduled on 5th December 2025 (Friday), has been **rescheduled to 3rd November 2025 (Monday)**. The outreach programme on 5th December has been **cancelled**. In order to verify the student's eligibility for this program, parents who consent to your child's participation must return the following documents to the Form Teacher **on or before 22nd October 2025 (Wednesday)**:

1. the signed and completed consent form; **AND**

2. a copy of **one** of the following documents of the student (please refer to **Appendix I**):
   a. Hong Kong birth certificate or identity card,
   b. Hong Kong re-entry permit,
   c. one-way permit / two-way permit;
   d. identity document for visa purpose; or
   e. foreign passport and visa

Kindly pay attention to the following:

A. Regardless of consent or refusal, parents **must** complete and sign the paper form (please refer to **Appendix II**) and return to the Form Teacher **on or before 22nd October 2025 (Wednesday)**.

B. All participating students **must** return documents listed (1) and (2) above. If there is any missing or incomplete document, Dedicare Medical Centre will NOT provide vaccination service to the student.

C. If you have any questions about the above arrangement, please contact Mr. CHO Siu Tong at 2711-8175. For any other inquiries about the vaccination (for instance, any medical-related questions and whether the student is suitable for vaccination), please consult your family doctor or contact **Dedicare Medical Centre** at 2468-2248.

Please be reminded that the outreach programme, originally scheduled on 5th December 2025 (Friday), has been **rescheduled to 3rd November 2025 (Monday)**. The outreach programme on 5th December has been **cancelled**.

Yours faithfully,

Lee Po Chu Fiona
Principal

陳瑞祺（喇沙）書院
九龍何文田常和街四號
電話：二七一一八一七五
傳真：二七六二一五五零

CHAN SUI KI (LA SALLE) COLLEGE
4 SHEUNG WO STREET, HOMANTIN,
KOWLOON, HONG KONG.
TEL : 27118175
FAX : 27621550

通告編號：25034

敬啟者：

2025/26 季節性流感疫苗學校外展(免費)計劃接種事宜

本校將於本學年參與衛生署舉辦的免費季節性流感疫苗學校外展服務。緻仁醫療中心原定於 2025 年 12 月 5 日（五）到校為學生提供四價季節性流感疫苗接種，因應流感高峰，現將疫苗接種計劃**提早至 2025 年 11 月 3 日（一）**，而原定 12 月 5 日之疫苗接種計畫將會**取消**。如家長同意　貴子弟接種疫苗，家長**必須**在 **2025 年 10 月 22 日（三）**交回班主任以下文件：

1. 已填妥及簽署的同意書；**及**

2. 學生的以下其中**一項**副本（請參閱**附件一**）：
   a. 香港出生證明書 或 身份證；
   b. 回港證；
   c. 前往港澳通行証 或 往來港澳通行証；
   d. 簽証身份書；或
   e. 外國旅行證件及有效 visa

請留意以下事項：

A. 不論同意和不同意，家長**皆須**填寫及簽署紙本表格（請參閱**附件二**）並在**2025 年 10 月 22 日（三）**交回班主任。

B. 所有參加學生**必須**交回上述第1及第2項文件。如果文件有任何遺漏或不完整，緻仁醫療中心將不會為學生提供疫苗接種服務。

C. 如有查詢，請致電 2711 8175 聯絡曹紹棠老師。如有其他有關疫苗接種查詢（包括任何醫學上問題、學生是否適合接種等），請向家庭醫生諮詢意見或致電 2468 2248 與**緻仁醫療中心**職員聯絡。

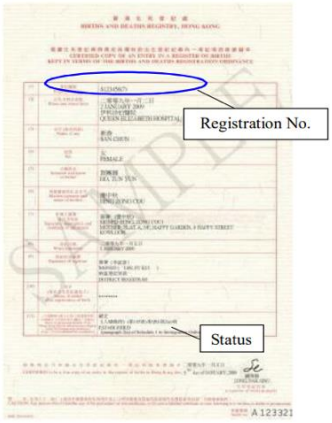
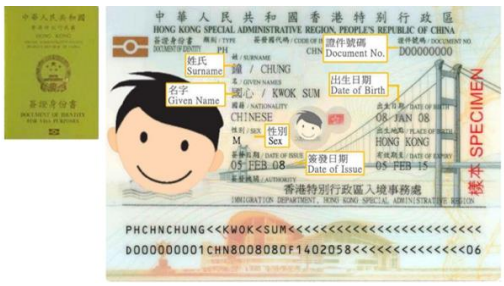
請留意：本年度疫苗接種已**提前至 2025 年 11 月 3 日（一）**，原定 12 月 5 日之接種安排已經**取消**，請家長留意日期變動。

此致
各家長

陳瑞祺（喇沙）書院校長
李寶珠　啟

二〇二五年十月二十日

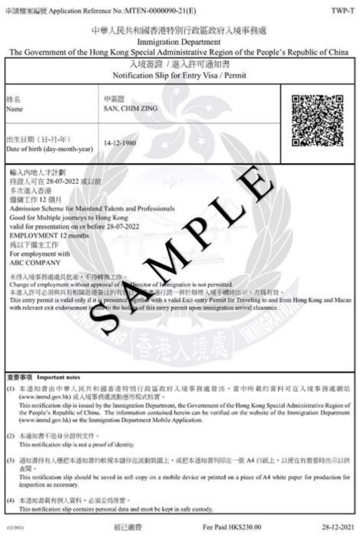
附件一
Appendix I

	Description 說明	Sample 樣本
a.	Hong Kong Birth Certificate 香港出生證明書	
		or 或
	Hong Kong Identity Card 香港身份證	
b.	Hong Kong Re-entry Permit 回港証	
c.	One-way Permit / Two-way Permit 前往港澳通行証 / 往來港澳通行証	
d.	Identity Document 簽証身份書	

Description 說明	Sample 樣本
e. (i) Passport 護照	

<u>and 及</u>

(ii) Visa



申請檔案編號 Application Reference No.:MTEN-0000090-21(E) TWP-T

中華人民共和國香港特別行政區政府入境事務處
Immigration Department
The Government of the Hong Kong Special Administrative Region of the People's Republic of China

入境簽證 / 進入許可通知書
Notification Slip for Entry Visa / Permit

姓名 Name	申簽證 SAN, CHIM ZING
出生日期（日-月-年） Date of birth (day-month-year)	14-12-1980

輸入內地人才計劃
持證人可在 28-07-2022 或以前
多次進入香港
僱傭工作 12 個月
Admission Scheme for Mainland Talents and Professionals
Good for Multiple journeys to Hong Kong
valid for presentation on or before 28-07-2022
EMPLOYMENT 12 months
為以下僱主工作
For employment with
ABC COMPANY

未得入境事務處處長批准，不得轉換工作。
Change of employment without approval of the Director of Immigration is not permitted.
本進入許可必須與具有相關赴港簽注的有效往來港澳通行證一併於辦理入境手續時出示，方爲有效。
This entry permit is valid only if it is presented together with a valid Exit-entry Permit for Traveling to and from Hong Kong and Macau with relevant exit endorsement issued to the holder of this entry permit upon immigration arrival clearance.

SAMPLE

重要事項 Important notes

(1) 本通知書由中華人民共和國香港特別行政區政府入境事務處發出，當中所載的資料可在入境事務處網站 (www.immd.gov.hk) 或入境事務處流動應用程式核實。
This notification slip is issued by the Immigration Department, the Government of the Hong Kong Special Administrative Region of the People's Republic of China. The information contained herein can be verified on the website of the Immigration Department (www.immd.gov.hk) or the Immigration Department Mobile Application.

(2) 本通知書不是身分證明文件。
This notification slip is not a proof of identity.

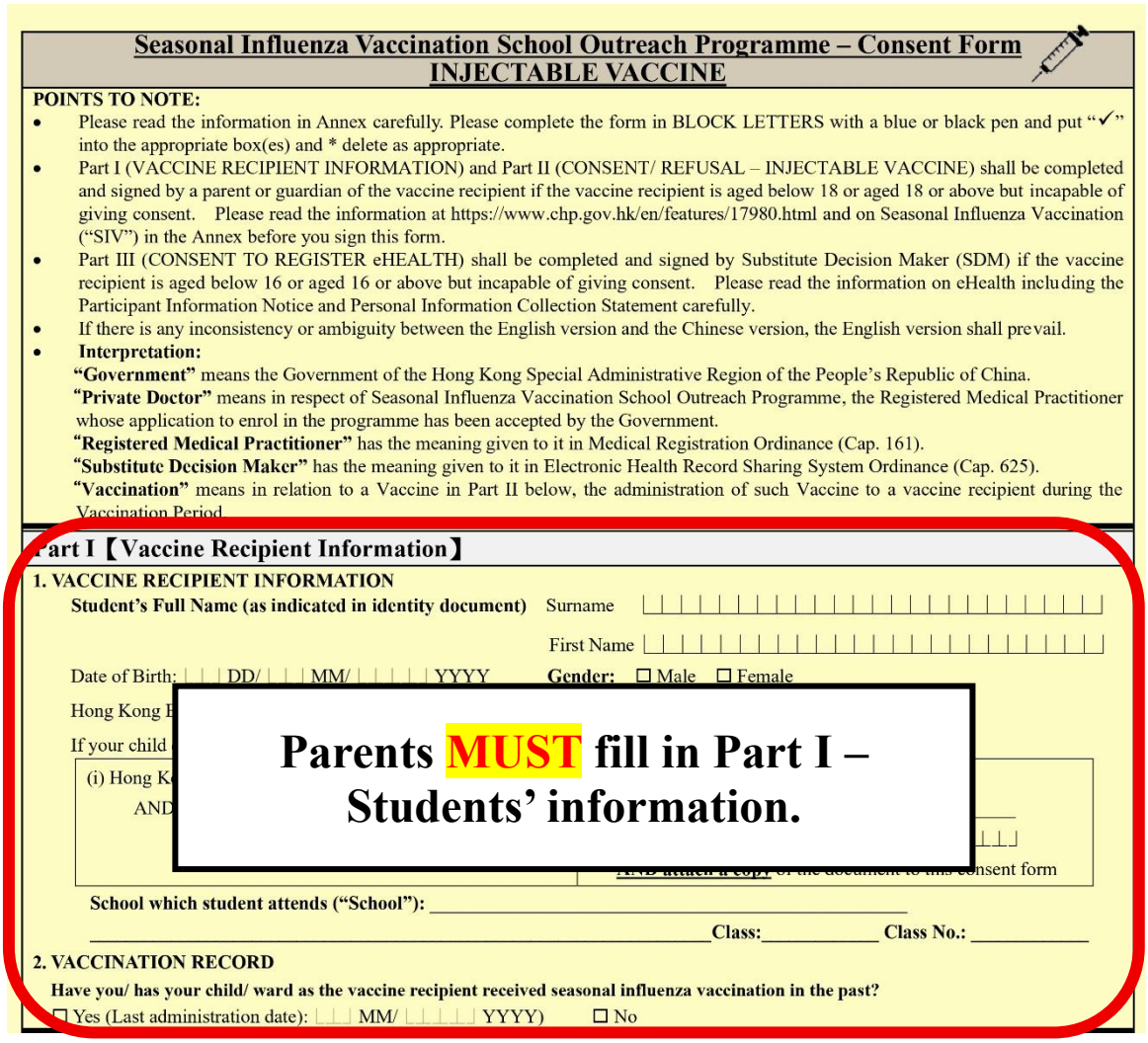
(3) 通知書持有人應把本通知書的軟複本儲存在流動裝置上，或把本通知書列印在一張 A4 白紙上，以便在有需要時出示以供查閱。
This notification slip should be saved in soft copy on a mobile device or printed on a piece of A4 white paper for production for inspection as necessary.

(4) 本通知書載有個人資料，必須妥爲保管。
This notification slip contains personal data and must be kept in safe custody.

(12/2021) 經已繳費 Fee Paid HK$230.00 28-12-2021

Guide to fill in Consent Form for vaccination

Appendix II



Seasonal Influenza Vaccination School Outreach Programme – Consent Form
INJECTABLE VACCINE

POINTS TO NOTE:

- Please read the information in Annex carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put "✓" into the appropriate box(es) and * delete as appropriate.
- Part I (VACCINE RECIPIENT INFORMATION) and Part II (CONSENT/ REFUSAL – INJECTABLE VACCINE) shall be completed and signed by a parent or guardian of the vaccine recipient if the vaccine recipient is aged below 18 or aged 18 or above but incapable of giving consent. Please read the information at https://www.chp.gov.hk/en/features/17980.html and on Seasonal Influenza Vaccination ("SIV") in the Annex before you sign this form.
- Part III (CONSENT TO REGISTER eHEALTH) shall be completed and signed by Substitute Decision Maker (SDM) if the vaccine recipient is aged below 16 or aged 16 or above but incapable of giving consent. Please read the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully.
- If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
- **Interpretation:**
  "Government" means the Government of the Hong Kong Special Administrative Region of the People's Republic of China.
  "Private Doctor" means in respect of Seasonal Influenza Vaccination School Outreach Programme, the Registered Medical Practitioner whose application to enrol in the programme has been accepted by the Government.
  "Registered Medical Practitioner" has the meaning given to it in Medical Registration Ordinance (Cap. 161).
  "Substitute Decision Maker" has the meaning given to it in Electronic Health Record Sharing System Ordinance (Cap. 625).
  "Vaccination" means in relation to a Vaccine in Part II below, the administration of such Vaccine to a vaccine recipient during the Vaccination Period.

Part I【Vaccine Recipient Information】

1. VACCINE RECIPIENT INFORMATION

Student's Full Name (as indicated in identity document) Surname

First Name

Date of Birth: DD/ MM/ YYYY **Gender:** ☐ Male ☐ Female

Hong Kong I

If your child

(i) Hong K

AND

consent form

School which student attends ("School"): _____

_____ **Class:**_____ **Class No.:** _____

2. VACCINATION RECORD

Have you/ has your child/ ward as the vaccine recipient received seasonal influenza vaccination in the past?

☐ Yes (Last administration date): MM/ YYYY) ☐ No

Parents MUST fill in Part I – Students' information.

Guide to fill in Consent Form for vaccination

Appendix II

Part II【Consent/ Refusal – Injectable Vaccine】

☐ **CONSENT**

I have read … vaccine ("Seasonal Influenza Va… llection of Personal Data. I [AG… ND 2nd doses^) as arranged by … have ANY of the contraindicat… information to the vaccination t… *nd dose of seasonal influenza vac… ed any SIV before.]*

Parents MUST fill in Part II to indicate your consent/refusal.

☐ **REFUSE**

I have read a… ontraindications, the Undertakings and Declarations and the Statement of Purposes of Collection of Personal Data, and [DISAGREE] for myself/my child/ ward (named above) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2025/ 26.

Name of ~~Vaccine Recipient~~ / Parents/ Guardian*: … **ient: (If applicable)**

☐ Guardian

Name of Parents / Guardian NOT name of student

Identity Document of Parents/ Guardian:

☐ Hong Kong Identity Card No.: ⌊⊥⊥⌋ ⌊⊥⊥⊥X⊥X⊥X⌋(⌊X⌋) … ix 4/5/6/7/8/9):

☐ Other Identity Document, please specify:

Docu…

Docu…

Signature of ~~Vaccine Recipient~~ / Parents/ Guardian*:
(or finger print if illiterate#)

Signature of Parents / Guardian NOT signature of student

Date of Signature:

# Witness should complete the following if the vaccine recipient has mental capacity but is illiterate:	
This document has been read and explained to the vaccine recipient in my presence.	
Signature of Witness:	**Name of Witness:**
Hong Kong Identity Card No. : **(only the alphabet and the first three digits are required)**	| | | | | | | X | X | X | (X)
Contact Telephone No.:	**Date of Signature:**

Please note:

(i) If you/ your child/ ward (applicable to consented students) has/have received the 2025/ 26 SIV before this outreach activity, please inform the school immediately.

(ii) If you/ your child/ ward miss/misses the vaccination at school, **no mop-up** dose will be provided at school. Please visit any private doctor enrolled in the specified programme namely "Vaccination Subsidy Scheme" for subsidised vaccination.

(iii) If vaccine recipient is an individual with bleeding disorders or on anticoagulants, or currently pregnant or lactating, please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised vaccine.

Guide to fill in Consent Form for vaccination

Appendix II

Part II【Consent to Register eHealth】

☐ Vaccine recipient has already registered eHealth.

☐ Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part III (a) or (b) or (c) according to the vaccine recipient's age)

The following part is applicable to a person who has not registered with eHealth, or is unsure of his or her eHealth registration status

(a) Vaccine recipient aged 18 or above

eHealth registration is a prerequisite for all vaccine recipients aged 18 or above
To be completed and signed by vaccine recipient aged 18 or above

☐ I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.

Signature of Vaccine Recipient:	**Mobile Number for receiving system**	**Date of Signature:**
Signature of student		

(b) Vaccine recipient between the age of 16 and less than 18 years

To

☐

☐

DISAGREE to register with eHealth.

If parents consent the student to participate in the vaccination, Parents MUST fill in Part III to register eHealth.

Signature of Vaccine Recipient:	**Mobile Number for receiving system**	**Date of Signature:**
Signature of student		

(c) Vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent

To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian)
(Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)

☐ **I agree**
I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) **AGREE** to register with eHealth, which enables authorised healthcare providers to obtain and share the HCR's eHealth records for healthcare purposes.

☐ **I disagree**
I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) **DISAGREE** to register with eHealth.

Substitute Decision Maker's Surname in English:	**Substitute Decision Maker's First Name in English:**	**Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9):**
Substitute Decision Maker's HK Identity Card No.:	**For non HK Identity Card holder, please fill in information of other identity document**	
	Document Type:	**Document No.:**

Relationship with vaccine recipient:

☐ Vaccine recipient aged **under 16**
Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court *

☐ Vaccine recipient **aged 16 or above but incapable of giving consent**
Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court *

Signature of Substitute Decision Maker:

Signature of parent / guardian

Guide to fill in Consent Form for vaccination

Appendix II

Part IV To Be Filled In By The Vaccination Staff			
First Dose Vaccination Day		**Second Dose** Vaccination Day *(Only applicable to students under nine years old who have never received*	
☐ Seasonal influen			ded to the student
☐ SIV was **NOT** p ○ was absen ○ refused va ○ had discon ○ others (ple			dent: _____)
Signature of Vacc			
Name of Private Doctor:	**Dr.**	**Name of Private Doctor:**	**Dr.**
Date of Activity:		**Date of Activity:**	

Parents DO NOT need to fill in Part IV

填寫疫苗接種同意書須知

附件二

季節性流感疫苗學校外展計劃 – 同意書
注射式疫苗

填寫注意事項：

- 請仔細閱讀附頁的資料。請用黑色或藍色原子筆以正楷填寫適當的部分，並在合適的 ☐ 內加上「✓」號及在「*」號刪去不適用者。
- 如疫苗接種者未滿 18 歲或為年滿 18 歲但無能力自行給予同意的人士，第一部分（疫苗接種者資料）及第二部分（同意書／不同意書 - 注射式疫苗）須由父母或監護人填寫及簽署。在簽署本同意書前，請先在網頁 https://www.chp.gov.hk/tc/features/17980.html 及閱讀附頁有關「季節性流感疫苗」的資料。
- 如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士，第三部分（登記醫健通同意書）須由代決人填寫及簽署。請仔細閱讀醫健通資料，包括參與者須知及收集個人資料聲明。
- 如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
- **註釋**

  「政府」指中華人民共和國香港特別行政區政府。

  「私家醫生」 指就季節性流感疫苗學校外展計劃，其中請參加該計劃並獲政府接受的註冊醫生。

  「註冊醫生」的意思與《醫生註冊條例》（香港法例第 161 章）中賦予它的意思相同。

  「代決人」的意思與《電子健康紀錄互通系統條例》（香港法例第 625 章）中賦予它的意義相同。

  「疫苗接種」 指就以下第二部分的疫苗，在疫苗接種期間向疫苗接種者接種該疫苗。

第一部分【疫苗接種者資料】

(一) 疫苗接種者資料

學生姓名[中文] (請依照身份證明文件填寫)　**學生姓名[英文]** *(姓氏先行，名字隨後)*

姓：＿＿＿＿＿＿＿＿＿＿＿＿　姓 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

名：＿＿＿＿＿＿＿＿＿＿＿＿　名 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

出生日期： ☐☐ 日/ ☐☐ 月/ ☐☐☐☐ 年　　**性別：** ☐ 男　☐ 女

學生之香

如沒有

(i) **香**

☐

簽

無論家長是否同意　貴子弟接種疫苗，

均需填妥第一部分**學生**資料

件的副本

疫苗接種者就讀的學校： ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

班別：＿＿＿＿　**班號：**＿＿＿＿

(二) 疫苗接種記錄

你本人／你的子女／受監護者是否曾經接種流感疫苗？

☐ 是，最近一次接種日期： ☐☐ 月/ ☐☐☐☐ 年

☐ 否

填寫疫苗接種同意書須知

附件二

第二部分【同意書／不同意書 - 注射式疫苗】

☐ 同意

本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲 疫苗第一劑及第二劑^，並 關資料予衞生署安排的疫 *4 星期，本署將會安排接*

無論家長是否同意　貴子弟接種疫苗，

均需填妥第二部分同意書／不同意書

☐ 不同意

本人已閱 ，及 不同意

本人／本人子女／受監護者（上附資料）接種的疫苗安排：2025/26 年度流感疫苗。

~~疫苗接種者~~／父母／監護人*姓名：

父母／監護人姓名

注意：非學生姓名

種者關係（如適用）

☐ 母 ☐ 監護人

父母／監護人身份證明文件及號碼：

☐ 香港身份證號碼：｜｜｜｜｜｜X｜X｜X｜(｜X｜)

☐ 其他身份證明文

類別：

號碼：｜｜｜｜

父母／監護人簽署

注意：非學生簽署

父母／監護人聯絡電話：（號碼以 4／ 5／ 6／ 7／ 8／ 9 開頭）：

~~疫苗接種者~~／父母／監護人*簽署：（如不會讀寫#，請印上指模）

簽署日期：｜｜日/｜｜月/｜｜｜｜年

#如疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料：

本人見證此同意書已在疫苗接種者面前朗讀及解釋。

見證人簽署：	見證人姓名：
見證人身份證明文件及號碼： （只需要英文字母及首三個數字）	｜｜｜　｜｜｜｜X｜X｜X｜(X)
見證人聯絡電話：（號碼以 4／ 5／ 6／ 7／ 8／ 9 開頭）：	簽署日期： ｜｜日/｜｜月/｜｜｜｜年

請注意：

i. 如你本人／你的子女／受監護者（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2025／26 年度流感疫苗，請立即通知學校。

ii. 如你本人／你的子女／受監護者錯過了在學校的接種日，將**不會**再安排在學校內補接種疫苗。請到已經參與「疫苗資助計劃」的私家診所接種疫苗。

iii. 如疫苗接種者為出血病症患者或服用抗凝血劑的人士，或正在懷孕或哺乳，請諮詢家庭醫生，並可到已經參與「疫苗資助計劃」的私家診所接種資助疫苗。

填寫疫苗接種同意書須知

附件二

第三部分【登記醫健通同意書】

☐ 疫苗接種者已經登記醫健通。

☐ 疫苗接種者尚未登記或不確定是否已登記醫健通。(請根據疫苗接種者的年齡，填妥第三部分的（甲）或（乙）或（丙）分部)

未登記醫健通人士，或不確定是否已登記醫健通人士，請填寫下列部分

如家長**同意** 貴子弟接種疫苗，

按學生年齡填妥第三部分登記醫健通同意書

（甲）十八歲或以上疫苗接種者

所有十八歲或以上的疫苗接種者必須登記醫健通

由十八歲或以上疫苗接種者填寫及簽署

☐ 本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

疫苗接種者簽署：	手[illegible]統通知 [illegible]7／ 8／ 9 開頭)：	簽署日期：

學生簽署

（乙）介乎十六歲至未滿十八歲的疫苗接種者

由年齡介乎十六歲至未滿十八歲的疫苗接種者填寫及簽署。

☐ 同意
本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 同意 本人登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

☐ 不同意
本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 不同意 本人登記參加醫健通。

疫苗接種者簽署：	手[illegible]統通知 [illegible]7／ 8／ 9 開頭)：	簽署日期：

學生簽署

（丙）十六歲以下，或十六歲或以上但無能力自行給予同意的疫苗接種者

由代決人（例如家長或監護人）填寫及簽署（只適用於十六歲以下兒童， 或十六歲或以上但無能力自行給予同意的人士。所有十八歲或以上的疫苗接種者必須登記醫健通，否則不符合資格接種疫苗。）

☐ 同意
本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 同意 登記參加醫健通，讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

☐ 不同意
本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及代表醫護接受者 不同意 登記參加醫健通。

代決人英文姓氏：	代決人英文名：	代決人手提電話號碼(號碼以 4／ 5／ 6／ 7／ 8／ 9 開頭)：
代決人香港身份證號碼：	如非香港身份證持有人，請填寫其他身份證明文件資料	
	證明文件類別 ：	證件號碼：

與疫苗接種者關係：

☐ 疫苗接種者為十六歲以下兒童
家長／ 家人／同住人士／根據《未成年人監護條例》委任的監護人／獲法院委任的人*

☐ 疫苗接種者為年滿十六歲但無能力自行給予同意的人士
家人／同住人士／根據《精神健康條例》委任的監護人／社會福利署署長或根據《精神健康條例》委任的監護人／獲法院委任的人*

代決人簽署：

家長監護人簽署

填寫疫苗接種同意書須知

附件二