



通德學校通告第 20021 號

「外展學童流感疫苗接種計劃 2020」事宜

各位家長：

季節性流行性感冒(下稱流感)是一種由流感病毒引致的疾病。患者一般會在 2 至 7 日內自行痊癒。然而，兒童或免疫力較低人士一旦染上流感，可能會出現支氣管炎或肺炎等併發症，嚴重更可致命。本港衛生署衛生防護中心建議為兒童接種疫苗，預防流感及併發症。署方今年推行「優化外展接種計劃」，本校現安排「到校流感疫苗接種」服務，邀請「新都醫務中心」派出醫護人員到本校為各級學生免費接種「四價流感疫苗(注射式)」，預防流感傳播，保護學童及家人的健康。9 歲或以下從未接種流感疫苗的學童可於 8 星期後免費接種第二劑疫苗。

疫苗注射計劃詳情如下：

- 日期：2020 年 10 月 23 日(星期五) 下午 2:00 - 4:00
【9 歲或以下從未接種流感疫苗的學生需第二次注射】
- 第二次注射日期：2020 年 11 月 27 日(星期五) 時間待定
- 注射機構：新都醫務中心
- 地點：本校

如欲參與本計劃，請填妥並簽署下列回條，並必須連同以下文件交回班主任(交齊文件方可接種)：

1. 有效的香港出生證明書副本或香港身份證(12 歲以上)副本或回港證副本或簽證身份書副本或 VISA 或入境處標籤文件副本
2. 已填妥及簽閱衛生署之「使用疫苗資助同意書」
3. 疫苗接種紀錄咭[針咭]正本/副本
4. 請提醒 貴子女接種當天早上要進食早餐
5. 請安排 貴子女穿著方便外露手臂的衣服，以便接種

備註：

1. 第一次或第二次接種日，如學童缺席或身體不適，不可接種，可於病癒一星期後，帶同香港出世紙或香港身份證(12 歲以上)副本及「接種疫苗通知書」或「疫苗接種券」到「新都醫務中心」免費接種。
2. 部份人士在接種疫苗後 6 至 12 小時內可能出現發燒、肌肉疼痛，以及疲勞等症狀，這些症狀通常會在兩天內減退，建議多喝開水及休息。若持續發燒或不適或呼吸困難，必須立即求醫。

有關接種季節性流感疫苗常見問題或詳情，查詢如下：

- 衛生署衛生防護中心網頁 <https://www.chp.gov.hk/tc/features/17980.html>
- 如有問題，可致電 24761101 與顏主任聯絡。

二零二零年九月二十日

黃偉立校長謹啟

【通告 20021 號回條】「外展學童流感疫苗接種計劃 2020」事宜

學號：

黃校長：

本人已閱讀以上通告，知悉「外展學童流感疫苗接種計劃 2020」事宜。

- * 本人同意 敝子弟參加「四價流感疫苗」注射計劃，並交回所需文件。
- 本人不同意 敝子弟參加「四價流感疫苗」注射計劃。

年級學生：_____

家長簽署：_____

聯絡電話：_____

日期：二零二零年____月____日

*請在適當 加✓

TUNG TAK SCHOOL

Shing Mun San Tsuen,
Kam Tin N. T.
Email: tungtak@ttsch.edu.hk

**通德學校**

新界錦田城門新村
電話: 24761101/24734008
傳真: 24747045

Our Ref. TTS Notice No. 20021

20th September, 2020

2020/21 Seasonal Influenza Vaccination School Outreach (Free of Charge)

Dear Parents,

Seasonal influenza is an acute illness of the respiratory tract caused by influenza viruses. It is usually self-limiting with recovery in 2-7 days. However, influenza can be a serious illness to the weak or children, and may be complicated by bronchitis, chest infection or even death. The vaccine is safe and effective in preventing seasonal influenza and its complications.

The Department of Health is launching the "2020/21 Seasonal Influenza Vaccination (SIV) School Outreach (Free of Charge)". Our school participates in this programme and the outreach Quadrivalent influenza vaccination service (injectable vaccine) will be provided by "New Town Integrated Medical Centre" for FREE at school on 23rd October, 2020. Eligible children aged less than 9 years and have not received influenza vaccination before, are entitled to receive 2 doses for free. Details are as follows:

- Date: 23/10 (Friday) (Time: 2pm-4pm)

Children aged less than 9 years and have not received influenza vaccination before will receive the second dose on 27/11 (Friday).

Please read this notice carefully and return the reply slip to the class teachers together with

1. Copy of "Hong Kong Birth Certificate" or "Hong Kong Identity Card" (12 years old and above) or "Hong Kong Special Administrative Region Re-entry Permit" or "Hong Kong Special Administrative Region Document of Identity for Visa Purposes" or "Travel document with endorsement or relevant landing slip"
2. "Consent to Use Vaccination Subsidy" Form (signed)
3. All vaccination record(s)

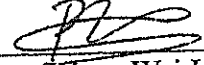
Please remind students to have breakfast on the vaccination day and wear clothes such that the arm can be exposed easily for vaccination.

Remarks:

- Students feel unwell must not be vaccinated. One week after they recover from illness, they can bring a copy of Hong Kong Birth Certificate or Hong Kong Identity Card (over 12 years old) and "Notification on Vaccination Activity" or "Vaccination Voucher" to get vaccinated for free at "New Town Integrated Medical Centre".
- Some recipients may experience fever, muscle pain, and tiredness beginning 6 to 12 hours after vaccination and lasting up to two days. If fever or discomforts persist, please consult a doctor.

For enquiries, please visit <https://www.chp.gov.hk/tc/features/17980.html> or reach Miss Ngan at 2476 1101.

Yours sincerely,


(Wong Wai Lap)
Principal

Reply Slip Notice No. 20021

2020/21 Seasonal Influenza Vaccination School Outreach (Free of Charge)

Dear Principal,

I am fully aware of the details of the school notice and

- I agree my child (Class: _____, Name: _____) to receive Seasonal Influenza Vaccination.
- I disagree my child (Class: _____, Name: _____) to receive Seasonal Influenza Vaccination.

Yours sincerely,

Name of parent: (_____)
Phone number: _____