

**Chi Yun School**  
**2019 - 2020**  
**Seasonal Influenza Vaccination Programme**

10<sup>th</sup> October, 2019

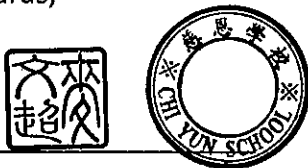
Dear Parents/Guardians,

Respiratory infection caused by seasonal influenza is common. It can be caused by various types of influenza viruses. Seasonal influenza vaccination is one of the effective means to prevent seasonal influenza and its complications, as well as, reduce influenza related hospitalization and death. Under the Residential Care Home Vaccination Programme 2019/20, students may receive vaccination in school.

Details are shown below:

1. Free influenza vaccination are available to all students.
2. Registered private doctor will be invited to provide vaccination in school.
3. Students who are allergic to egg and have a history of allergic reaction to any vaccine component, and those with bleeding disorder or on anticoagulants are not suitable to have seasonal influenza vaccination in school.
4. Please return the **Reply Slip** if Parents/Guardians **disagree** their children to join the vaccination programme.
5. Please complete the **Consent Form (for agree)** or **Reply Slip (for disagree)** on or before **18<sup>th</sup> October, 2019.**
6. The vaccination will be arranged in early November, 2019.
7. For any enquiry, please contact school-nurse-on-duty at 23862010.

Best regards,



Mak Man Chiu,  
Principal, Chi Yun School

**Reply Slip**  
**Seasonal Influenza Vaccination Programme**

I acknowledge the receipt of the information concerning the Seasonal Influenza Vaccination Programme, and I **disagree** my child to receive seasonal influenza vaccination in school.

Name of student: \_\_\_\_\_

Signature of Parents/Guardians: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

RCH Code	
(To be completed by RCH)	



**Residential Care Home Vaccination Programme**  
**Vaccination Consent Form**

eHS(S) Transaction No.	
1. TR	
2. TR	
Type of Vaccines*	Vaccination Date in 2019/20 (DD/MM/YY)
SIV (1 <sup>st</sup> / only dose)	/ /
SIV (2 <sup>nd</sup> ) (if applicable)	/ /
PCV13	/ /
23vPPV	/ /
Name of VMO:	

Previous Vaccination	(MM/YY)
SIV	/
PCV13	/
23vPPV	/
(To be completed by VMO)	

- Note:
- Please complete this form in BLOCK LETTERS using black or blue pen.
  - Duly completed and signed consent form should reach Visiting Medical Officer (VMO) **at least 20 working days** prior to vaccination for checking vaccination record of the recipient.
  - This form is to be retained by the VMO after vaccination.

<b>Part A Personal Particulars of the recipient (as stated on the identity document)</b>			
Name	(English)		(Chinese)
Date of Birth	dd mm yyyy	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Chinese Commercial Code			
<b>Identity Document</b> (Please select an identity document by inserting a "x" in the appropriate box below and fill in the information required) <i>Note: Hong Kong Resident aged 11 or above should fill in either Hong Kong Identity Card or Certificate of Exemption.</i>			
<input type="checkbox"/> Hong Kong Identity Card No.	( )	Date of Issue	dd mm yyyy
<input type="checkbox"/> Serial No. of the Certificate of Exemption			
Reference No.			
<input type="checkbox"/> HKIC No. as shown on the Certificate	( )	Date of Issue	dd mm yyyy
<input type="checkbox"/> Hong Kong Birth Certificate Registration No.	( )		
<input type="checkbox"/> Hong Kong Re-entry Permit			Date of Issue dd mm yyyy
<input type="checkbox"/> Document of Identity Document No.			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 Document No.			
Visa / Reference No.			
<input type="checkbox"/> Certificate issue by the Birth Registry for adopted Children – No. of Entry			

\*Acronyms: SIV: Seasonal Influenza Vaccine

PCV13: 13-valent Pneumococcal Conjugate Vaccine

23vPPV: 23-valent Pneumococcal Polysaccharide Vaccine

**Part B Undertaking and Declaration** [Please fill in either Part (I) or (II) or (III) or (IV)]

Recipient aged 18 or above with mental capacity, please fill in Part (I).

Recipient aged below 18 or mentally-incapacitated, please fill in Part (II).

Recipient aged below 18 or mentally-incapacitated and Parent/ Guardian cannot be contacted, please fill in Part (III) or (IV).

**(I) To be completed by the Recipient**

(Please insert a "x" as appropriate.)

- I am staff of residential care home for elderly / residential care home for persons with disabilities / residential child care centre. I consent to receive Seasonal Influenza vaccination. OR
- I am a resident / boarder of residential care home for  elderly /  persons with disabilities. I consent to receive the following vaccine(s):
- Seasonal Influenza Vaccine  13-valent Pneumococcal Conjugate Vaccine  23-valent Pneumococcal Polysaccharide Vaccine

The information provided in this consent form is correct. I agree to provide my personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".

Signature of Recipient  
(or finger print if illiterate,  
witness to complete **Part C**)

Date

**(II) To be completed by Parent/Guardian of the Recipient**

(Please insert a "x" as appropriate.)

I confirm that the recipient is a resident / boarder of residential care home for  elderly  persons with disabilities;  
 a child of residential child care centre.

I give my consent for the recipient to receive the following vaccination(s):

- Seasonal Influenza Vaccine  13-valent Pneumococcal Conjugate Vaccine  23-valent Pneumococcal Polysaccharide Vaccine

Children aged below 9 who have never received any Seasonal Influenza Vaccine can receive 2 doses in this vaccination season.

- First dose of Seasonal Influenza Vaccine  Second dose of Seasonal Influenza Vaccine

Children aged below 9 and received Seasonal Influenza Vaccine in previous season are recommended to receive 1 dose of vaccine.

- First and only dose of Seasonal Influenza Vaccine

The information provided in this consent form is correct. I agree to provide the recipient's personal data in this consent form and any information provided to health care professional for the use by the Government for the purpose set out in the "Statement of Purpose".

Signature of Parent / Guardian  
(or finger print if illiterate,  
witness to complete **Part C**)

Name of Parent / Guardian

Hong Kong Identity Card No. /  
Social Welfare Department Staff No.

Relationship with the recipient

Parent  Guardian

Date

**(III) To be completed by Relative of the Recipient**

(Please insert a "x" as appropriate.)

I could not contact Parent / Guardian of the recipient and I agree to providing the following vaccination to the recipient:

- Seasonal Influenza Vaccine  13-valent Pneumococcal Conjugate Vaccine  23-valent Pneumococcal Polysaccharide Vaccine

Signature of the Relative

Name of the Relative

Hong Kong Identity Card No.  
(e.g. A123)

Date

Relationship with the recipient

**(IV) To be completed by Person In-charge of RCH**

We could not contact Parent / Guardian of the recipient.

Signature of Person In-charge

Official Chop:

Name of Person In-charge

Post / Title

Date

**Part C To be Completed by the Witness (if applicable)**

This document has been read and explained to the recipient or Parent / Guardian of the recipient in my presence.

Signature of witness

Name of witness

Hong Kong Identity Card No.  
(e.g. A123)

Date