



惠僑英文中學

WAI KIU COLLEGE

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Ref. No. : SGS_SHD 21-22/01

18th October, 2021

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)
Injection venue	School Hall
Fee for students	HK\$145
Points to note	Please refer to the attachment.

Please return the completed reply slip with the required fee to the class teachers by **22nd October, 2021 (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

Principal

----- ✂ -----Reply Slip----- ✂ -----

Ref. No. : SGS_SHD 21-22/01

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 and pay HK\$145).

Name of Student : _____ S. _____ ()

Signature of Parent / Guardian : _____

Contact Number of Parent / Guardian : _____

Date : _____

* tick where appropriate

Staff Use Only

Regular CIVSS AVSS
 EVSS PW ODA Recipients PIDVSS

Parent/Guardian Consent Form

This consent form MUST be completed by parent/ guardian of:

Persons under 18 years of age/ mentally incapacitated Each participant should fill in his/her own consent

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

Name: _____ Organization Name _____
 (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:

- Child aged 6 months to under 12 years OR attending a primary school in HK at the time of vaccination
- Person with intellectual disabilities
- Persons receiving Disability Allowance/Persons who are recipients of standard rate of "100% disabled" or "requiring constant attendance" under Comprehensive Social Security Assistance Scheme
- 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 11 or above must use HK Identity Card

HK Identity Card Issue Date:

6 digits stated on the Bottom Left Corner (dd-mm-yy)

_____ D _____ M _____ Y

(B) Recipient's Health Record Please select the most suitable answer and mark 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

It is suggested to have an interval of at least 14 days between administration of flu and COVID-19 vaccines.

I, _____, the parent/ guardian of the vaccine recipient, declare the information given above is correct and I consent for him/ her to receive 2021/22 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: Fluairix Tetra 2021/22 strains 0.5ml 1 dose 2 doses 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: _____
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Inactivated influenza vaccine (Northern Hemisphere) contains the following:

- an A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- an A/Cambodia/e0826360/2020 (H3N2)-like virus;
- a B/Washington/02/2019-like virus; and
- a B/Phuket/3073/2013-like virus

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
 - Poultry or pig workers/ farmers
 - Persons who have frequent influenza infections and illness



Do not use Influenza vaccine in the event of:

- Children aged < 6 months
- Having a history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine
- Fever, acute infection or severe discomforts on the day of vaccination (please delay the vaccination)
- Past history of Guillain-Barre Syndrome (Please consult personal family doctor first before receiving influenza vaccination)

It is suggested to have an interval of at least 14 days between administration of FLU and COVID-19 vaccines

Note: Influenza vaccines delivered through intra-muscular/ subcutaneous injections are inactivated vaccines. Inactivated influenza vaccines can be administered simultaneously or at any interval with other vaccines.

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	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, Kai 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