

## Seasonal Influenza Vaccination / Pneumococcal Vaccination Health Assessment and Vaccination Record

## 季節性流感疫苗 / 肺炎球菌疫苗接種 健康評估表及疫苗接種記錄

## I. Information to be completed by service provider 由服務提供者填寫的資料

Name of Doctor-in-charge (負責醫生姓名): \_\_\_\_\_

Organisation (主辦機構名稱): \_\_\_\_\_

Place of Vaccination (接種疫苗地點): \_\_\_\_\_

Date of Vaccination (接種日期): \_\_\_\_\_

Enquiry Telephone Number (查詢電話): \_\_\_\_\_

## II. Information to be completed by the vaccine recipient\* 由接種者填寫的資料\*

Please put a ✓ in the appropriate box 請在適當方格內加上 “✓” 號

## A. Seasonal Influenza Vaccination 季節性流感疫苗接種

Applicable to <u>Inactivated Seasonal Influenza Vaccine</u> 適用於滅活季節性流感疫苗		Yes 有	No 沒有
1	Have you ever received any seasonal influenza vaccination? 你曾否接受流感疫苗接種?		
2	Do you have a history of allergic reaction to egg? 你是否對雞蛋曾出現過敏反應?		
3	Do you have a history of allergic reaction to any antibiotic? 你是否對任何抗生素曾出現過敏反應? (Please provide the name of antibiotic: _____) (請提供抗生素名稱: _____)		
4	Have you ever experienced any limb numbness or weakness after receiving prior seasonal influenza vaccination? 你是否曾在接種流感疫苗後, 出現手腳麻痺或無力?		
5	Do you have a history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine? 你是否對任何疫苗成分或接種任何流感疫苗後曾出現嚴重過敏反應?		
6	Are you suffering from any bleeding disorders or on anticoagulants? 你是否出血病症患者或正服用抗凝血劑?		

Note: Children under the age of 9 who have never received any seasonal influenza vaccination before need to receive a 2<sup>nd</sup> dose 4 weeks after receiving the 1<sup>st</sup> dose.

注意: 9 歲以下從未接種過流感疫苗之小童, 需於 4 星期後接種第二劑疫苗

Applicable to <u>Live Attenuated Seasonal Influenza Nasal Vaccine (LAIV)</u> 適用於滅活噴鼻式季節性流感疫苗 (LAIV can only be used among non-pregnant and non-immunocompromised people 2-49 years of age. 滅活流感疫苗只建議供年齡為兩歲至49歲的非懷孕及非免疫力低的人士使用。)		Yes 有	No 沒有
1	Have you ever received any seasonal influenza vaccination? 你曾否接受流感疫苗接種?		
2	Do you have a history of allergic reaction to egg? 你是否對雞蛋曾出現過敏反應?		
3	Do you have a history of allergic reaction to any antibiotic? 你是否對任何抗生素曾出現過敏反應? (Please provide the name of antibiotic: _____) (請提供抗生素名稱: _____)		
4	Do you have a history of severe allergic reaction to any vaccine component or after previous dose of any influenza vaccine? 你是否對任何疫苗成分或接種任何流感疫苗後曾出現嚴重過敏反應?		
5	Are you currently taking concomitant aspirin or salicylate-containing therapy (for children and adolescents)? 你現在是否正服用阿士匹林或含水楊酸鹽藥物 (兒童和青少年)?		
6	Do you have asthma or wheezing in the past 12 months (for children aged 2 through 4 years)? 你在過去12個月是否曾患上喘鳴或哮喘(兩歲至四歲的兒童)?		
7	Are you immunocompromised? 你有否免疫功能減弱的情況?		
8	Are you having close contact with severely immunosuppressed persons who require a protected environment? 你是否和免疫系統嚴重受抑制而需在受保護的環境下接受護理的人士有緊密接觸?		
9	Are you currently pregnant? 你是否現正懷孕?		
10	Have you received influenza antiviral medication within previous 48 hours? 你有否在過去48小時曾服用流感抗病毒藥物?		
11	Have you received any live attenuated vaccines within the last 4 weeks or plan to receive live attenuated vaccine within the next 4 weeks? 你有否在過去四星期內接種任何滅活疫苗或計劃於未來四星期內接種任何滅活疫苗?		

Note: Children under the age of 9 who have never received any seasonal influenza vaccination before need to receive a 2<sup>nd</sup> dose 4 weeks after receiving the 1<sup>st</sup> dose.

注意: 9 歲以下從未接種過流感疫苗之小童, 需於 4 星期後接種第二劑疫苗

<b>Applicable to Recombinant Seasonal Influenza Vaccine(RIV) 適用於重組季節性流感疫苗</b> (RIV can only be used among people aged of 18 years or above. 重組季節性流感疫苗只建議供年齡為18歲或以上的人士使用。)		Yes 有	No 沒有
1	Have you ever received any seasonal influenza vaccination? 你曾否接受流感疫苗接種?		
2	Do you have a history of allergic reaction to any antibiotic? 你是否對任何抗生素曾出現過敏反應? (Please provide the name of antibiotic: _____) (請提供抗生素名稱: _____)		
3	Have you ever experienced any limb numbness or weakness after receiving prior seasonal influenza vaccination? 你是否曾在接種流感疫苗後, 出現手腳麻痺或無力?		
4	Do you have a history of severe allergic reaction to any vaccine component or a previous dose of any influenza vaccine? 你是否對任何疫苗成分或接種任何流感疫苗後曾出現嚴重過敏反應?		
5	Are you suffering from any bleeding disorders or on anticoagulants? 你是否出血病症患者或正服用抗凝血劑?		

**B. Pneumococcal Vaccination 肺炎球菌疫苗接種**

		Yes 有	No 沒有
1	Have you ever received 23-valent pneumococcal polysaccharide vaccine (23vPPV)? 你過去曾否接種 二十三價肺炎球菌多醣疫苗?		
2	Have you ever received 13-valent pneumococcal conjugate vaccine (PCV13) or 15-valent pneumococcal conjugate vaccine (PCV15)? 你過去曾否接種十三價肺炎球菌結合疫苗或十五價肺炎球菌結合疫苗?		
3	Have you ever developed allergic reaction following a prior dose of pneumococcal vaccine or to the vaccine component or any diphtheria toxoid-containing vaccine? 你是否曾對肺炎球菌疫苗或該疫苗的成分或含有白喉類毒素的疫苗出現過敏反應?		
4	Are you currently under chemotherapy or radiotherapy for cancer or plan to undergo splenectomy in less than two weeks' time? 你是否正在接受癌症的化療或電療或將會少於兩周後進行脾臟切除手術?		
5	Are you suffering from any bleeding disorders or on anticoagulants? 你是否出血病症患者或正服用抗凝血劑?		

Note:  
Those aged 65 or above who have already received PCV13/ PCV15/ 23vPPV are not required to receive the same vaccine again. . Those who were vaccinated with PCV13 do not require revaccination with PCV15. If you are not sure of your vaccination record, please check your vaccination card or request health care provider to check the vaccination record at the eHealth.

65歲或以上人士於過去曾接種過十三價 / 十五價 / 二十三價肺炎球菌疫苗, 則無須重複注射相同肺炎球菌疫苗。已接種十三價疫苗的人士不需補種十五價疫苗。如不清楚過去有否注射肺炎球菌疫苗, 請先檢查針咭或要求醫護人員查詢醫健通內疫苗接種記錄。

I declare that the information provided is correct and consent to receive the vaccination.  
本人聲明以上所提供之資料全屬正確, 並同意接受疫苗接種。

Name of participant (English): \_\_\_\_\_ 參加者姓名 (中文): \_\_\_\_\_

Daytime Contact Number 日間聯絡電話: \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ (DD/MM/YY) (日/月/年) Age 年歲: \_\_\_\_\_

Gender 性別: M / F (男 / 女)

Type of HK Identity document 香港身份證明文件: \_\_\_\_\_

Document number 證明文件號碼: \_\_\_\_\_

Signature 簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

\* If the vaccine recipient is under the age of 18 or mentally incapacitated, the form should be signed by parent / guardian  
若接種者為 18 歲以下或無行為能力, 由家長或監護人簽署

III. Information to be completed by the healthcare worker providing vaccination 由提供接種的醫護人員填寫的資料

		Yes 有	No 沒有
1	Does the vaccine recipient have fever or flu symptoms on the vaccination day? 於接種當日，接種者是否有發燒或感冒徵狀？		
2.	Does the recipient have high-risk conditions? (For PCV15 vaccination only) 接種者是否有高風險情況？(只適用於十五價肺炎球菌疫苗接種)		
3.	Does the recipient have chronic medical conditions? (For SIV vaccination only) 接種者是否有長期健康問題？(只適用於季節性流感疫苗接種)		

Vaccine given 已接種的疫苗

● Name of Vaccine疫苗名稱(1): \_\_\_\_\_

Lot No. 批次編號: \_\_\_\_\_ Expiry Date 有效日期: \_\_\_\_\_ (日/月/年)

● Name of Vaccine疫苗名稱(2): \_\_\_\_\_

Lot No. 批次編號: \_\_\_\_\_ Expiry Date 有效日期: \_\_\_\_\_ (日/月/年)

Name of healthcare worker 醫護人員姓名: \_\_\_\_\_ Signature 簽署: \_\_\_\_\_