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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **院舍／宿舍／中心／機構編號** | | | | | **衞生署**  **2019/2020年度院舍防疫注射計劃**  **同意及符合資格接種疫苗名單**  **（院友／宿生／留宿兒童／職員）** | | | | | | | | | **季節性流感疫苗**  **第一針**  **第二針** | | |
|  | | | | |  | | | | | | | | | **23價肺炎球菌多醣疫苗** | | |
|  | | | | |  | | | | | | | | | **13價肺炎球菌結合疫苗** | | |
|  | | | | |  | | | | | | | | | **麻疹﹑流行性腮腺炎及德國麻疹混合疫苗** | | |
| **院舍／宿舍／中心／機構名稱：** | | | |  | | | |  | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
|  | **院友／宿生／留宿兒童／職員資料** | | | | | | | | **疫苗接種記錄（由到診註冊醫生於接種疫苗後即日填寫）** | | | | | | | |
|  | **姓名** | | **身份證明文件**  **號碼頭4個字**  **（例：A123）** | | | **性別** | **房／床號** | | **疫苗批次編號**  **(Lot no.)：** | | **(1)** | | **(2)** | | **如暫時未能接受接種，**  **請註明原因** | |
|  |  | |  | | |  |  | | **有效日期：** | | **(1)** | | **(2)** | |  | |
|  |  | |  | | |  |  | | **疫苗批次 (1/2)** | **接種日期** | | **到診註冊醫生簽署** | | |  | |
| 1 |  | |  | | |  |  | |  |  | |  | | |  | |
| 2 |  | |  | | |  |  | |  |  | |  | | |  | |
| 3 |  | |  | | |  |  | |  |  | |  | | |  | |
| 4 |  | |  | | |  |  | |  |  | |  | | |  | |
| 5 |  | |  | | |  |  | |  |  | |  | | |  | |
| 6 |  | |  | | |  |  | |  |  | |  | | |  | |
| 7 |  | |  | | |  |  | |  |  | |  | | |  | |
| 8 |  | |  | | |  |  | |  |  | |  | | |  | |
| 9 |  | |  | | |  |  | |  |  | |  | | |  | |
| 10 |  | |  | | |  |  | |  |  | |  | | |  | |
| **茲證明以上為已核對同意書及符合接種資格者名單。**  **合共人數 (B=B1+B2)：** | | | | | | | | | **已接種人數 (B1)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **未能接種人數 (B2)：\_\_\_\_** | |
| |  | | --- | | **到診註冊醫生姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填寫日期: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | |  |   **填寫日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | 第   頁／  頁 |
| 備註： | | 請於適當位置加上「**✓**」。 | | | | | | | | | | | | | | |