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| 訂單編號 | | | | 送針日期 | | **衞生署**  **2020/21院舍防疫注射計劃**  **疫苗申請表格**  **（留宿幼兒中心）** | | | | | | | | | | | **附錄丁** | | | | |
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| **訂針** | | | | |
| 由本署職員填寫 | | | | | |
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| 備註： | | 1. 由於訂購疫苗及安排運送需時，請於接種日期前最少**10個工作天**填妥本表格並傳真至本署（傳真號碼：2544 3922）。   到診註冊醫生如於傳真本表格後三個工作天內仍未收到本署的訂單確認通知，**請致電3975 4455與本署職員聯絡。**   1. 到診註冊醫生有責任於申請疫苗前，確認留宿幼兒／職員是否符合資格免費接種季節性流感疫苗。 2. 到診註冊醫生需聯絡中心安排負責人員接收疫苗；並預早確認中心有合適的雪櫃貯存疫苗。請確定貯存疫苗的雪櫃操作正常，雪櫃內的溫度必須保持在攝氏+2 度至+8 度。 3. 通過提供此表格上需要填寫的資料，到診註冊醫生會被視為已接受「院舍防疫注射計劃」的條款和條件。 有關該計劃的條款和條件以及附表會適時更新，詳情請瀏覽衞生防護中心網站瀏覽（https://www.chp.gov.hk/tc/features/21657.html）。 | | | | | | | | | | | | | | | | | | | |
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| **甲部　留宿幼兒中心資料** | | | | | | | | | | | | | | | | | | | | | |
| **中心名稱：** | | | | | |  | | | | | | | **中心編號：** | | | | | | |  | |
| **留宿幼兒人數：** | | | | | | 9歲以下人數 | | | 9歲或以上人數 | | | | | | 入住院友／宿生總人數 | | | | | | |
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| **職員總人數：** | | | | | |  | | | | | | | | | | | | | | | |
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| **乙部　已同意接種疫苗的人數** | | | | | | | | | | | | | | | | | | | | | |
| **已同意接種**  **季節性流感疫苗**  **的人數：** | | | | | | **留宿幼兒人數** | | | | | | | | | | **職員** | | | | | **合共** |
| 只需注射**一劑**人數 | | | | 需要注射**兩劑**人數\* | | | | | |  | | | | |  |
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| \*只適用於9歲以下及從未接種過流感疫苗的兒童 | | | | | | | | | | | | | | | | | | | | | |
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| **丙部　訂單及送貨資料** | | | | | | | | | | | | | | | | | | | | | |
| **申請疫苗數目：**  **疫苗資源寶貴，**  **請珍惜，勿浪費。** | | | | | | **季節性流感疫苗** | | | | | | 需訂   針 | | | | | | | | | |
| **接種疫苗的日期：** | | | | | | 年    月     日 （時間：上午／下午／全日） | | | | | | | | | | | | | | | |
| 請先與留宿幼兒中心確定接種日期，本署會聯絡中心確認送針日期。  疫苗派送時間為當日**上午十時至下午一時**(上午)或**下午二時至五時**(下午)。 | | | | | | | | | | | | | | | |
| **送貨地址：**  **(請用中文填寫及註明送針樓層)** | | | | | |  | | | | | | | | | | | | | | | |
| **負責接收疫苗的中心職員姓名：** | | | | | | |  | | | | | **接收疫苗職員聯絡電話：** | | | | | |  | | | |
| **丁部　到診註冊醫生（VMO）資料** | | | | | | | | | | | | | | | | | | | | | |
|  | **VMO姓名：** | |  | | | | | **VMO註冊編號：** | | | M | | | | | | | | | | |
|  | **VMO聯絡電話：** | | | |  | | | **VMO傳真號碼：** | | |  | | | **VMO簽署：** | | | | |  | | |