衞生防護中心
Centre for Health Protection

2026/27 Seasonal Influenza Vaccination School Outreach Programme

Briefing Session to Participating Doctors

21 August 2026

衞生署
Department of Health

RUNDOWN

CONTENT
Vaccine Delivery Logistics for School Programme – Vaccine distributor (1)
Clinical Waste Management
Vaccine Delivery Logistics for School Programme – Vaccine distributor (2)
Preparation and Arrangements for Outreach Activities
Question & Answer Session

Overall Role and Responsibility

- It is the **prime responsibility** of the **enrolled doctor** in-charge of the arrangement/ healthcare provider and the organizer to give due consideration to **safety and liability issues** to ensure **quality vaccination service** delivered to recipients.

Part I

Preparations

Highlight of 26/27Arrangement

Type of schools	Government Supply Vaccine Mode	Doctor Supply Vaccine Mode
Eligible Schools	All SSs, PSs, KGs/CCCs (including special school)	
Selecting a doctor by schools	• DH-matching • School self- selection of Doctors	• School self- selection of Doctors
Vaccine procurement	By DH	By private doctor
Vaccine available	IIV and/ or LAIV, till stock allows	IIV and/ or LAIV
Vaccine delivery for 1st dose	By DH to schools	By doctor's self-delivery to schools
Vaccine delivery for 2nd dose	Doctors can choose delivery by the DH or self-delivery to schools	By doctor's self-delivery to schools
Collection of clinical waste	Arranged by the participating doctor	
Vaccine recipients	• School children (free) • School staff and students' family members (self-payment) *	• School children (subsidised) • School staff and students' family members (self-payment) *
Extra Service Fee chargeable	Not allowed	Allowed
Reimbursement for vaccination provided	HKD$105 for each dose of SIV (includes clinical waste disposal cost)	HKD$260 for each dose of SIV (includes clinical waste disposal cost)

Highlight of Arrangement

- Both modes can provide vaccine to **school staffs** and **students' family members**
  - The Government will provide subsidy to persons of Vaccination Subsidy Scheme (VSS) eligible groups.
  - Non-eligible persons can join the activity via self-payment.

Highlight of Arrangement

- **Complete Enrolment via eHealth Portal**
  - Completed Programme Enrolment will be continued via eHealth Portal
  - Participating doctors shall have completed the enrolment through the eHealth Portal to indicate their intention to provide services under the SIVSOP.
  - Enrolment in the Vaccination Subsidy Scheme ("VSS") is a pre-requisite for joining the SIVSOP.
  - All doctors who have enrolled in the SIVSOP earlier this year by submitting paper form are required to enroll again by completing the enrolment through eHealth

Highlight of Arrangement

- **Mandatory eHealth registration**
  - Eligible vaccine recipients (i.e. students) aged 18 years or above **shall have registered with eHealth** before receiving vaccination
  - eHealth registration for vaccine recipients below 18 years old will be adopting an **"opt-out"** approach
  - Participating doctors are obliged to obtain the consent from vaccine recipients and complete the batch upload consented student list for eHealth registration

Highlight of Arrangement

- Both modes need **batch upload**
  - Fill in Substitute Decision Maker (SDM) Information for eHealth registration (For Minors or MIP)
  - Otherwise the procedure is similar to that of 2025/26 year

Highlight of New Measures

Electronic Consent Form for SIVSOP

- Parents/guardians could **scan the QR code via eHealth app** to submit SIVSOP e-consent for their children/wards.
- Features of QR code:
  - Unique to each school;
  - Specified to the vaccine type chosen by school (IIV, LAIV, hybrid);
  - Specified to one of the following deadlines subject to school's choice (QR code will become invalid after the deadline thus parents could not submit e-consent afterwards);
    - 30 Aug 2026
    - 6 Sept 2026
    - 13 Sept 2026 (default deadline)
    - 4 Oct 2026

E-Consent Form – timeline

Date	Event
June 2026	• Provide essential information in reply form for e-consent platform
Jun – Jul 2026	• To encourages parents and their children for eHealth registration. (Relevant materials will be provided by DH in due course)
Aug 2026	• DH to provide the QR code, information for school account, user manual and relevant materials during early to mid Aug. Online briefing sessions will be provided by DH. • Schools may begin distributing the following to all parents (time depends on school schedule): ■ QR codes ■ Information of outreach activity (e.g. date, vaccine type) ■ Promote electronic consent forms and remind parents to submit before the specified deadline • Parents are allowed to submit e-consent via eHealth app starting from **17 August**

E-Consent Form – timeline

Date	Event
Late Aug Onward	• Subject to the deadline chosen, after the deadline for submitting e-consent, schools can download the final e-consented student list from the SIVSOP Student Information Platform. • Schools can distribute the paper consent form to those students who did not have an e-consent record, then collect and handle the forms as usual. Student List Compilation (Pre-Vaccination) • Schools provide the "e-consented student list" and paper consent forms to the matched medical team (or assist in compiling the list). • The medical team compiles the list(s) of students who have consented to vaccination (including electronic and paper consent forms) and submits to the DH. • Subsequent procedures are the same as for the 2025/26 academic year

Type of Vaccines

	All Schools
Type of SIV	Trivalent SIV
Vaccine options	Inactivated Influenza Vaccine (IIV), by injection **AND/OR** Live Attenuated Influenza Vaccine (LAIV), by nasal spray

Type of Vaccines

- Extended use of LAIV
  - DH has **regularised the supply of nasal spray type LAIV** to all schools, and they are allowed to choose both IIV and LAIV for the same or different outreach vaccination activities (hybrid mode).

“Hybrid Mode”

- Starting from 2025/26 season, **all participating schools** can opt for providing both the IIV and the LAIV during SIVSOP outreach activities (“Hybrid mode”).
- “Hybrid mode” could be arranged:
  - same vaccination session with segregation (i.e. different locations in school);
  - same day with different sessions (i.e. AM or PM session);
  - different days (i.e. two separate days providing IIV and LAIV respectively).

Guidelines on Prevention of Communicable Diseases

- Please follow Guidelines on Prevention of Communicable Diseases under Centre for Health Protection at https://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_schools_kindergartens_kindergartens_cum_child_care-centres_child_are_centres.pdf

Preparations

- Liaise with schools about the date and venue for vaccination
  - 1st dose: between **late September and November 2026**
  - 2nd dose: completed latest by the **end of January 2027**

- Study **VSS Doctors' Guide** and **SIVSOP Doctors' Guide** (https://www.chp.gov.hk/en/features/100654.html)

- Obtain Clinical Waste Producer Premises Code for outreach services from EPD (different from the Premises Codes for clinic use) (https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html)

- Prepare the necessary equipment and materials with reference to the *List of Items to Bring to Venue on the Vaccination Day* (Doctors' Guide for SIVSOP Appendix 8.1)

List of Items to Bring to Venue on the Vaccination Day

(Doctors Guide Appendix 8.1)

Items	First Dose	Second Dose
FOR INJECTION AND COLD CHAIN MAINTENANCE		
Sharps boxes (at least 1 for each vaccination station)	✓	✓
Dry clean gauzes / cotton wool balls	✓	✓
Alcohol pads / swabs	✓	✓
70-80% Alcohol-based hand rub solution (1 for each vaccination station)	✓	✓
Kidney dishes / containers	✓	✓
Cold boxes	✖	✓ **if self delivery**
Maximum and minimum thermometers (1 for each cold box)	✖	✓ **if self delivery**
Additional ice packs with adequate insulating materials for cold chain maintenance	✖	✓ **if self delivery**
FOR EMERGENCY		
Bag Valve -Mask, including both child and adult size masks	✓	✓
At least THREE Registered **Adrenaline auto-injector**; OR	✓	✓
At least THREE Registered Adrenaline ampoules 1:1000; with:	✓	✓
At least **THREE 1mL syringes**	✓	✓
At least **THREE 25-32mm needles**	✓	✓
Blood Pressure monitor, with appropriate size of cuffs	✓	✓
Protocol for emergency management	✓	✓
STATIONERY		
Date chops	✓	✓
Chops with enrolled doctor's name (For consent forms)	✓	✓
Stamps with the enrolled medical organization/ clinic (For vaccines delivery note, clinical waste collection and vaccination cards)	✓	✓
Pens	✓	✓
FORMS AND DOCUMENTS		
Signed Students' Consent Form – Seasonal Influenza Vaccination 〔同意書 – 2023/ 24 季節性流感疫苗學校外展 (免費)〕(已簽署)	✓	✓
Seasonal Influenza Vaccination Cards (**Appendix 8.11**)	✓	✓
〔季節性流感疫苗接種卡〕		
Information on Side Effects (**Appendix 8.12**) (副作用資料頁)	✓	✓
Information on Side Effects and 2nd dose Arrangement (**Appendix 8.13**) (副作用資料頁及第二劑的安排)	✓	✖
Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (**Appendix 8.20, 8.21**) 〔家長通知書 – 未有接種季節性流感疫苗〕(待填)	✓	✓
Updated Consented Student List (1st dose & 2nd dose) (**Appendix 8.7, i.e. Final Report, On-site Vaccination List, and List of Students Requiring 2nd Dose vaccination, printed out on or 3 days before vaccination day**)	✓	✓
Vaccine Usage Form – **DH delivery** (2 unfilled copies) (**Appendix 8.16**) 〔疫苗使用報告- 送學校〕(一式兩份待填)	✓	✓ **if DH delivery**
Vaccine Usage Form – **Self Delivery** (one unfilled copy) (**Appendix 8.17**) 〔疫苗使用報告-自行攜帶 (第二劑適用)〕(一份待填)	✖	✓ **if self delivery**
Clinical Waste Temporary Storage Handover Form (**Appendix 8.19**) (醫療廢物暫存轉交記錄)	✓ **(if require temporary storage)**	✓ **(if require temporary storage)**
OTHERS		
Body temperature thermometer	✓	✓
Disposable gloves	✓	✓
Surgical Mask	✓	✓
Plastic bags		✓

Signed Student's Consent Form-SIVSOP
同意書–2026/27 季節性流感疫苗學校外展計劃 (已簽署)

Preparations

List of Documents to Bring on the Vaccination Day

- *Seasonal Influenza Vaccination Card*
- *Information on Side Effects*
- *Information on Side Effects and 2nd dose Arrangement*
- *Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given*

PMVD will print and send to your clinics

- *Vaccine Usage Form (For Government Vaccine Mode only)*
- *Clinical Waste Temporary Storage Handover Note*

Please print from CHP website

- Signed Consent Form (Consent Forms will be sent directly to schools)
- Final Report and On-site Vaccination List
- List of Students Requiring 2nd Dose vaccination

Proposed Timeline for preparations

From Mid-late Aug

- Remind schools to distribute QR code to parents for e-consent
- Deadline of QR code

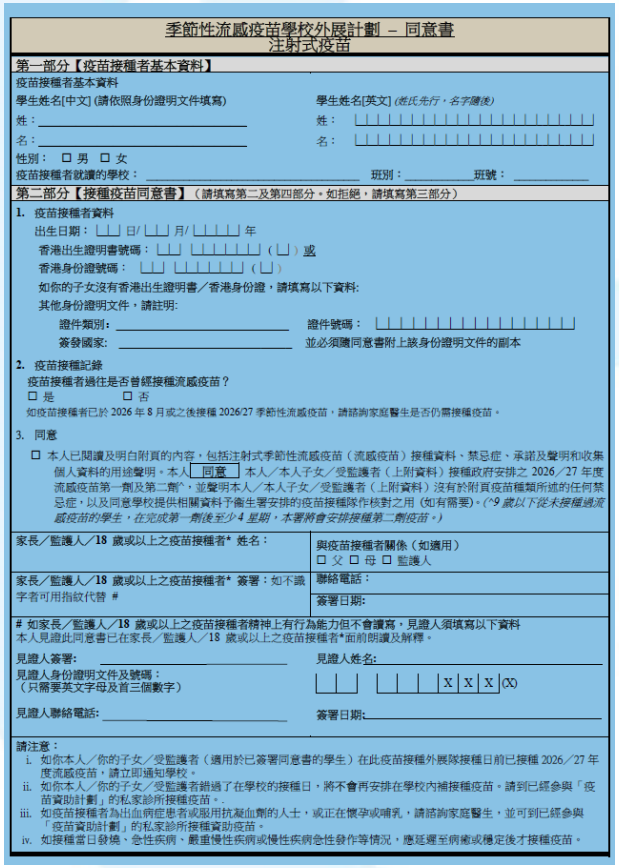
Preferably 4 WEEKS BEFORE VACCINATION

- Remind schools to distribute *Paper Consent Forms* to parents for signing
- Collect the completed *Paper Consent Forms and e-consent excel* from schools
- Sign *Consent Form Receipt Note* *(check with schools and send a copy to DH)*
- Check completeness of *Paper Consent Forms*
  - Identity document number
  - Date of Birth
  - Parent's signature
  - Declaration on contraindications
  - Name, Gender, etc

Sample of Paper Consent Form

衛生防護中心 Centre for Health Protection

Injectable Vaccine Yellow



季節性流感疫苗學校外展計劃 – 同意書
注射式疫苗

第一部分【疫苗接種者基本資料】

疫苗接種者基本資料

學生姓名[中文] (請依照身份證明文件填寫)　　學生姓名[英文] *(姓氏先行，名字隨後)*

姓：＿＿＿＿＿＿　　姓：

名：＿＿＿＿＿＿　　名：

性別：☐ 男 ☐ 女

疫苗接種者就讀的學校：＿＿＿＿＿＿　班別：＿＿＿＿　班號：＿＿＿＿

第二部分【接種疫苗同意書】（請填寫第二及第四部分。如拒絕，請填寫第三部分）

1. 疫苗接種者資料

出生日期：＿＿日/＿＿月/＿＿＿＿年

香港出生證明書號碼：＿＿ ＿＿＿＿＿＿（＿＿）或

香港身份證號碼：＿＿ ＿＿＿＿＿＿（＿＿）

如你的子女沒有香港出生證明書／香港身份證，請填寫以下資料：

其他身份證明文件，請註明：

證件類別：＿＿＿＿＿＿　　證件號碼：＿＿＿＿＿＿＿＿＿＿

簽發國家：＿＿＿＿＿＿　　並必須隨同意書附上該身份證明文件的副本

2. 疫苗接種記錄

疫苗接種者過往是否曾經接種流感疫苗？

☐ 是　☐ 否

如疫苗接種者已於 2026 年 8 月或之後接種 2026/27 季節性流感疫苗，請諮詢家庭醫生是否仍需接種疫苗。

3. 同意

☐ 本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2026／27 年度流感疫苗第一劑及第二劑^，並聲明本人／本人子女／受監護者（上附資料）沒有於附頁疫苗種類所述的任何禁忌症，以及同意學校提供相關資料予衞生署安排的疫苗接種隊作核對之用（如有需要）。*(^9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。)*

家長／監護人／18 歲或以上之疫苗接種者* 姓名：	與疫苗接種者關係（如適用） ☐ 父 ☐ 母 ☐ 監護人
家長／監護人／18 歲或以上之疫苗接種者* 簽署：如不識字者可用指紋代替 #	聯絡電話： 簽署日期：

如家長／監護人／18 歲或以上之疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料
本人見證此同意書已在家長／監護人／18 歲或以上之疫苗接種者*面前朗讀及解釋。

見證人簽署：＿＿＿＿＿＿　　見證人姓名：＿＿＿＿＿＿

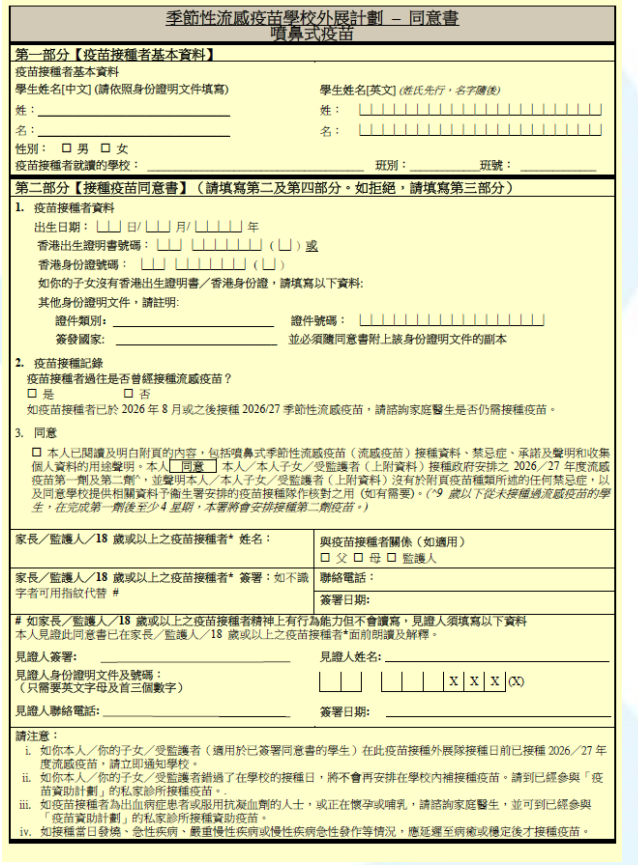
見證人身份證明文件及號碼：
（只需要英文字母及首三個數字）　＿＿＿　＿＿＿＿x x x (X)

見證人聯絡電話：＿＿＿＿＿＿　　簽署日期：＿＿＿＿＿＿

請注意：

i. 如你本人／你的子女／受監護者（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2026／27 年度流感疫苗，請立即通知學校。
ii. 如你本人／你的子女／受監護者錯過了在學校的接種日，將不會再安排在學校內補接種疫苗。請到已經參與「疫苗資助計劃」的私家診所接種疫苗。
iii. 如疫苗接種者為出血病症患者或服用抗凝血劑的人士，或正在懷孕或哺乳，請諮詢家庭醫生，並可到已經參與「疫苗資助計劃」的私家診所接種資助疫苗。
iv. 如接種當日發燒、急性疾病、嚴重慢性疾病或慢性疾病急性發作等情況，應延遲至病癒或穩定後才接種疫苗。

Nasal Spray Vaccine Green



季節性流感疫苗學校外展計劃 – 同意書
噴鼻式疫苗

第一部分【疫苗接種者基本資料】

疫苗接種者基本資料

學生姓名[中文] (請依照身份證明文件填寫)　　學生姓名[英文] *(姓氏先行，名字隨後)*

姓：＿＿＿＿＿＿　　姓：

名：＿＿＿＿＿＿　　名：

性別：☐ 男 ☐ 女

疫苗接種者就讀的學校：＿＿＿＿＿＿　班別：＿＿＿＿　班號：＿＿＿＿

第二部分【接種疫苗同意書】（請填寫第二及第四部分。如拒絕，請填寫第三部分）

1. 疫苗接種者資料

出生日期：＿＿日/＿＿月/＿＿＿＿年

香港出生證明書號碼：＿＿ ＿＿＿＿＿＿（＿＿）或

香港身份證號碼：＿＿ ＿＿＿＿＿＿（＿＿）

如你的子女沒有香港出生證明書／香港身份證，請填寫以下資料：

其他身份證明文件，請註明：

證件類別：＿＿＿＿＿＿　　證件號碼：＿＿＿＿＿＿＿＿＿＿

簽發國家：＿＿＿＿＿＿　　並必須隨同意書附上該身份證明文件的副本

2. 疫苗接種記錄

疫苗接種者過往是否曾經接種流感疫苗？

☐ 是　☐ 否

如疫苗接種者已於 2026 年 8 月或之後接種 2026/27 季節性流感疫苗，請諮詢家庭醫生是否仍需接種疫苗。

3. 同意

☐ 本人已閱讀及明白附頁的內容，包括噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2026／27 年度流感疫苗第一劑及第二劑^，並聲明本人／本人子女／受監護者（上附資料）沒有於附頁疫苗種類所述的任何禁忌症，以及同意學校提供相關資料予衞生署安排的疫苗接種隊作核對之用（如有需要）。*(^9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。)*

家長／監護人／18 歲或以上之疫苗接種者* 姓名：	與疫苗接種者關係（如適用） ☐ 父 ☐ 母 ☐ 監護人
家長／監護人／18 歲或以上之疫苗接種者* 簽署：如不識字者可用指紋代替 #	聯絡電話： 簽署日期：

如家長／監護人／18 歲或以上之疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料
本人見證此同意書已在家長／監護人／18 歲或以上之疫苗接種者*面前朗讀及解釋。

見證人簽署：＿＿＿＿＿＿　　見證人姓名：＿＿＿＿＿＿

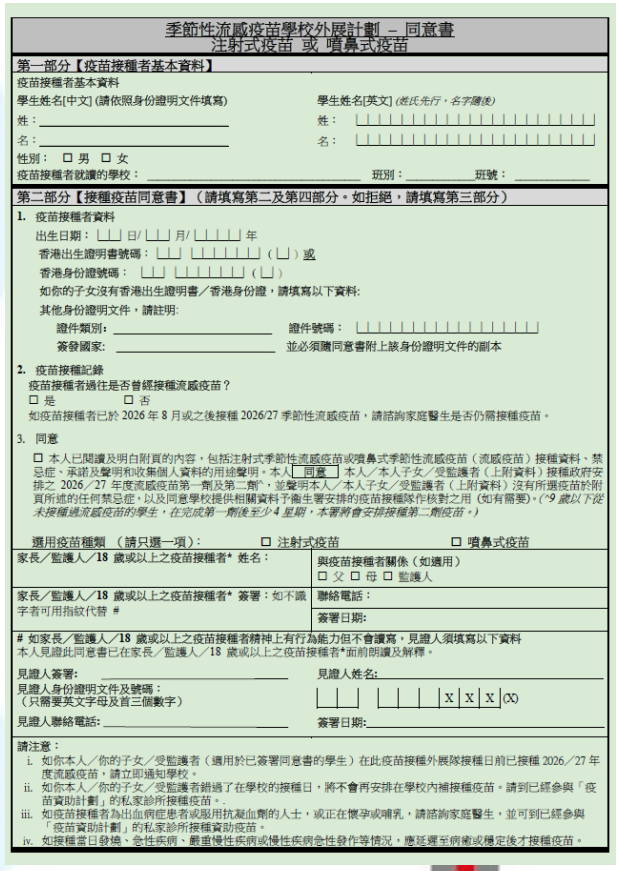
見證人身份證明文件及號碼：
（只需要英文字母及首三個數字）　＿＿＿　＿＿＿＿x x x (X)

見證人聯絡電話：＿＿＿＿＿＿　　簽署日期：＿＿＿＿＿＿

請注意：

i. 如你本人／你的子女／受監護者（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2026／27 年度流感疫苗，請立即通知學校。
ii. 如你本人／你的子女／受監護者錯過了在學校的接種日，將不會再安排在學校內補接種疫苗。請到已經參與「疫苗資助計劃」的私家診所接種疫苗。
iii. 如疫苗接種者為出血病症患者或服用抗凝血劑的人士，或正在懷孕或哺乳，請諮詢家庭醫生，並可到已經參與「疫苗資助計劃」的私家診所接種資助疫苗。
iv. 如接種當日發燒、急性疾病、嚴重慢性疾病或慢性疾病急性發作等情況，應延遲至病癒或穩定後才接種疫苗。

Injectable or Nasal Spray Vaccine Blue



季節性流感疫苗學校外展計劃 – 同意書
注射式疫苗 或 噴鼻式疫苗

第一部分【疫苗接種者基本資料】

疫苗接種者基本資料

學生姓名[中文] (請依照身份證明文件填寫)　　學生姓名[英文] *(姓氏先行，名字隨後)*

姓：＿＿＿＿＿＿　　姓：

名：＿＿＿＿＿＿　　名：

性別：☐ 男 ☐ 女

疫苗接種者就讀的學校：＿＿＿＿＿＿　班別：＿＿＿＿　班號：＿＿＿＿

第二部分【接種疫苗同意書】（請填寫第二及第四部分。如拒絕，請填寫第三部分）

1. 疫苗接種者資料

出生日期：＿＿日/＿＿月/＿＿＿＿年

香港出生證明書號碼：＿＿ ＿＿＿＿＿＿（＿＿）或

香港身份證號碼：＿＿ ＿＿＿＿＿＿（＿＿）

如你的子女沒有香港出生證明書／香港身份證，請填寫以下資料：

其他身份證明文件，請註明：

證件類別：＿＿＿＿＿＿　　證件號碼：＿＿＿＿＿＿＿＿＿＿

簽發國家：＿＿＿＿＿＿　　並必須隨同意書附上該身份證明文件的副本

2. 疫苗接種記錄

疫苗接種者過往是否曾經接種流感疫苗？

☐ 是　☐ 否

如疫苗接種者已於 2026 年 8 月或之後接種 2026/27 季節性流感疫苗，請諮詢家庭醫生是否仍需接種疫苗。

3. 同意

☐ 本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗或噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2026／27 年度流感疫苗第一劑及第二劑^，並聲明本人／本人子女／受監護者（上附資料）沒有於附頁疫苗種類所述的任何禁忌症，以及同意學校提供相關資料予衞生署安排的疫苗接種隊作核對之用（如有需要）。*(^9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。)*

選用疫苗種類 （請只選一項）：　☐ 注射式疫苗　☐ 噴鼻式疫苗

家長／監護人／18 歲或以上之疫苗接種者* 姓名：	與疫苗接種者關係（如適用） ☐ 父 ☐ 母 ☐ 監護人
家長／監護人／18 歲或以上之疫苗接種者* 簽署：如不識字者可用指紋代替 #	聯絡電話： 簽署日期：

如家長／監護人／18 歲或以上之疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料
本人見證此同意書已在家長／監護人／18 歲或以上之疫苗接種者*面前朗讀及解釋。

見證人簽署：＿＿＿＿＿＿　　見證人姓名：＿＿＿＿＿＿

見證人身份證明文件及號碼：
（只需要英文字母及首三個數字）　＿＿＿　＿＿＿＿x x x (X)

見證人聯絡電話：＿＿＿＿＿＿　　簽署日期：＿＿＿＿＿＿

請注意：

i. 如你本人／你的子女／受監護者（適用於已簽署同意書的學生）在此疫苗接種外展隊接種日前已接種 2026／27 年度流感疫苗，請立即通知學校。
ii. 如你本人／你的子女／受監護者錯過了在學校的接種日，將不會再安排在學校內補接種疫苗。請到已經參與「疫苗資助計劃」的私家診所接種疫苗。
iii. 如疫苗接種者為出血病症患者或服用抗凝血劑的人士，或正在懷孕或哺乳，請諮詢家庭醫生，並可到已經參與「疫苗資助計劃」的私家診所接種資助疫苗。
iv. 如接種當日發燒、急性疾病、嚴重慢性疾病或慢性疾病急性發作等情況，應延遲至病癒或穩定後才接種疫苗。

衞生署 Department of Health

「同意書 」範本 Sample of Consent Form

第一部分【疫苗接種者基本資料】

疫苗接種者基本資料

學生姓名[中文] (請依照身份證明文件填寫)

姓：_____陳_____

名：_____一_____

學生姓名[英文] *(姓氏先行，名字隨後)*

姓： C H A N

名： Y A T

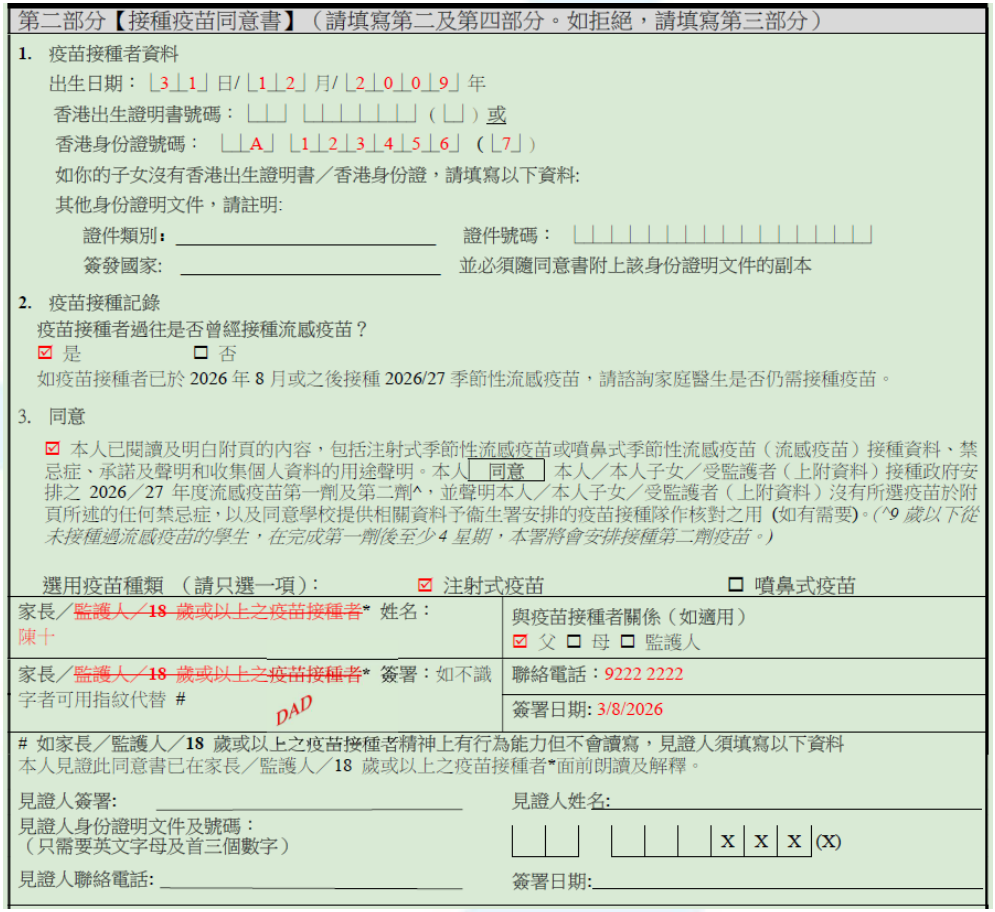
性別： ☑ 男 ☐ 女

疫苗接種者就讀的學校：___一二三中學_____ 班別：___六甲____班號：___1___

「同意書 」範本 Sample of Consent Form

- 已包括**第一劑**及**第二劑***
  Including 1st and 2nd dose*

* 9歲以下從未接種過流感疫苗的學生
(under 9 years old who have never received any seasonal influenza vaccination)



第二部分【接種疫苗同意書】（請填寫第二及第四部分。如拒絕，請填寫第三部分）

1. 疫苗接種者資料

出生日期：⌊3⌋1⌋ 日/ ⌊1⌋2⌋ 月/ ⌊2⌋0⌋0⌋9⌋ 年

香港出生證明書號碼：⌊ ⌋ ⌊ ⌋⌋⌋⌋⌋⌋ (⌊ ⌋) 或

香港身份證號碼： ⌊A⌋1⌋2⌋3⌋4⌋5⌋6⌋ (⌊7⌋)

如你的子女沒有香港出生證明書／香港身份證，請填寫以下資料:

其他身份證明文件，請註明:

證件類別: _____ 證件號碼：⌊⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋⌋

簽發國家: _____ 並必須隨同意書附上該身份證明文件的副本

2. 疫苗接種記錄

疫苗接種者過往是否曾經接種流感疫苗？

☑ 是 ☐ 否

如疫苗接種者已於 2026 年 8 月或之後接種 2026/27 季節性流感疫苗，請諮詢家庭醫生是否仍需接種疫苗。

3. 同意

☑ 本人已閱讀及明白附頁的內容，包括注射式季節性流感疫苗或噴鼻式季節性流感疫苗（流感疫苗）接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明。本人 同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2026／27 年度流感疫苗第一劑及第二劑^，並聲明本人／本人子女／受監護者（上附資料）沒有所選疫苗於附頁所述的任何禁忌症，以及同意學校提供相關資料予衞生署安排的疫苗接種隊作核對之用 (如有需要)。*(^9 歲以下從未接種過流感疫苗的學生，在完成第一劑後至少 4 星期，本署將會安排接種第二劑疫苗。)*

選用疫苗種類 （請只選一項）: ☑ 注射式疫苗 ☐ 噴鼻式疫苗

家長／~~監護人／18 歲或以上之疫苗接種者~~* 姓名： 陳十	與疫苗接種者關係（如適用） ☑ 父 ☐ 母 ☐ 監護人
家長／~~監護人／18 歲或以上之疫苗接種者~~* 簽署：如不識字者可用指紋代替 # DAD	聯絡電話：9222 2222 簽署日期: 3/8/2026

如家長／監護人／18 歲或以上之疫苗接種者精神上有行為能力但不會讀寫，見證人須填寫以下資料

本人見證此同意書已在家長／監護人／18 歲或以上之疫苗接種者*面前朗讀及解釋。

見證人簽署: _____ 見證人姓名: _____

見證人身份證明文件及號碼：
（只需要英文字母及首三個數字）

⌊⌋⌋ ⌊⌋⌋⌋ X X X (X)

見證人聯絡電話: _____ 簽署日期: _____

「同意書 」範本 Sample of Consent Form

第三部分【拒絕接種疫苗】（如同意，請填寫第二及第四部分）	
☐ 不同意 本人已閱讀及明白附頁的內容，包括流感疫苗接種資料、禁忌症、承諾及聲明和收集個人資料的用途聲明，及 不同意 本人／本人子女／受監護者（上附資料）接種政府安排之 2026/ 27 年度流感疫苗。	
家長／監護人／18 歲或以上之疫苗接種者* 姓名：	**與疫苗接種者關係（如適用）** ☐ 父 ☐ 母 ☐ 監護人
家長／監護人／18 歲或以上之疫苗接種者* 簽署：如不識字者可用指紋代替 #	**聯絡電話:**
	簽署日期:

「同意書 」範本 Sample of Consent Form

第四部分【登記醫健通同意書】（僅適用於非醫健通用戶）

(甲) 登記醫健通

所有 **18** 歲或以上的疫苗接種者必須登記醫健通。未滿 **18** 歲之疫苗接種者可選擇不登記醫健通。（請參閱表格之第四部分（乙））。

(一) 由 16 歲或以上之疫苗接種者填寫

☐ 本人同意登記參加醫健通，並已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」。

疫苗接種者簽署:	簽署日期:	手提電話號碼（透過短訊收取系統通知）:

(二) 由代決人填寫（例如：家長或監護人）（只適用於 16 歲以下疫苗接種者，或 16 歲或以上而且無能力自行給予同意的疫苗接種者）

☑ 本人作為代決人，同意代表和為疫苗接種者登記參加醫健通，並已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」。

與疫苗接種者關係:

☑ 疫苗接種者為 **16** 歲以下兒童
家長／ ~~家人／同住人士／~~根據《未成年人監護條例》（香港法例第 13 章）委任的監護人／獲法院委任的人*

☐ 疫苗接種者為年滿 **16** 歲但無能力自行給予同意的人士
家人／同住人士／根據《精神健康條例》（香港法例第 136 章）委任的監護人／社會福利署署長或根據《精神健康條例》委任的監護人／獲法院委任的人*

代決人資料

英文姓氏: CHAN	香港身份證號碼：A123456(7)
英文名: SUP	如非香港身份證持有人，請填寫其他身份證明文件資料：
手提電話號碼: 9222 2222 （透過短訊收取系統通知）	證件號碼： 證明文件類別 ：
簽署: DAD	簽署日期: 3/8/2026

(乙) 選擇不登記醫健通 (只適用於未滿 18 歲之疫苗接種者)

☐ 本人作為疫苗接種者／代決人代表疫苗接種者*，不同意登記參加醫健通。

「同意書 」範本 Sample of Consent Form

第五部分　以下資料只由提供疫苗接種的接種職員填寫			
第一劑 接種日		第二劑 接種日 *(只適用於九歲以下，從未接種季節性流感疫苗學童)*	
☐ 有為學生接種流感疫苗		☐ 有為學生接種流感疫苗	
☐ 沒有為學生接種流感疫苗，原因是學生： ☐ 缺課 ☐ 拒絕接種 ☐身體不適 ☐ 其他（請註明：＿＿＿＿＿＿＿＿）		☐ 沒有為學生接種流感疫苗，原因是學生： ☐ 缺課 ☐ 拒絕接種 ☐身體不適 ☐ 其他（請註明：＿＿＿＿＿＿＿＿）	
接種職員姓名及簽署：		接種職員姓名及簽署：	
私家醫生姓名：	醫生	私家醫生姓名：	醫生
外展日期：		外展日期：	

Paper Consent Form Receipt Note

致: 衞生署項目管理及疫苗計劃科
Fax: **2320 8505**

由 : _____ (學校名稱)
_____ (學校職員姓名)
聯絡電話 : _____
日期 : _____

請 貴校與醫療機構核對資料並於**同意書交收後一個工作天**內 傳真此表格至衞生防護中心項目管理及疫苗計劃科 (傳真號碼: 2320 8505)

2026/27 季節性流感疫苗學校外展計劃
公私營合作外展隊

同意書交收記錄

_____ (醫療機構名稱) _____ 醫生的公私營合作外展隊已在 _____ 年 _____ 月 _____ 日，收取 _____ (學校名稱) _____ 張同意書。

X X

公私營合作外展隊同意書收取人簽署及醫療機構蓋印 | 學校職員簽署及學校蓋印

X X

公私營合作外展隊同意書收取人姓名 | 學校職員姓名

To: PMVD, CHP
Fax: **2320 8505**

From: _____ (Name of Schools)
Name: _____ (Contact person)
Tel: _____
Date: _____

Please check with medical organisation and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: **2320 8505**) **within one working day after collection of consent forms.**

2026/27 Seasonal Influenza Vaccination (SIV) School Outreach Programme
Public-Private-Partnership (PPP) Outreach Team

Consent Forms Receipt Note

This is to acknowledge that the PPP Outreach Team under Dr._____ (Name of Doctor) of _____ (Organisation) has collected _____ (Quantity) Consent Forms from _____ (Name of School) on _____ (Date).

X X

Signature of Collector and Organisation Chop of the PPP Outreach Team | **Signature of School Representative and School Chop**

X X

Name of Collector of the PPP Outreach Team | **Name of School Representative**

To be sent by medical organization to PMVD

SIVSO_D_A2
最後更新: 2026 年 2 月

Important Reminders

- **Proper keeping of completed consent forms and vaccination records**
  - keep the consent forms properly;
  - provide appropriate training for staff and arrange sufficient manpower before and after the school vaccination activities for collection, checking and documentation of the consent forms;
  - ensure that the consent forms are duly completed and signed; and
  - ensure the vaccination status of the students checked before providing vaccination service under the programme.

Most Common Irregularities Found

- Missing/Incorrect Name of Responsible Doctor
- Missing Student's Past Vaccination Record
- Missing Statement of Vaccination Service Provided
- Missing/Incorrect Contact Number
- Missing Injection Staff's Signature

Proposed Timeline for preparations

Preferably 4 WEEKS BEFORE VACCINATION

- Create *password-protected Excel table* with names of consented students i.e. *Consented Student List* in the format provided by DH
- Send to PMVD via designated email account
- PMVD will batch upload *Consented Student List* to eHealth Protal
- Indicating the preference of joining eHealth and fill in the columns relating to eHealth registration in the Consented Student List

E-consent excel

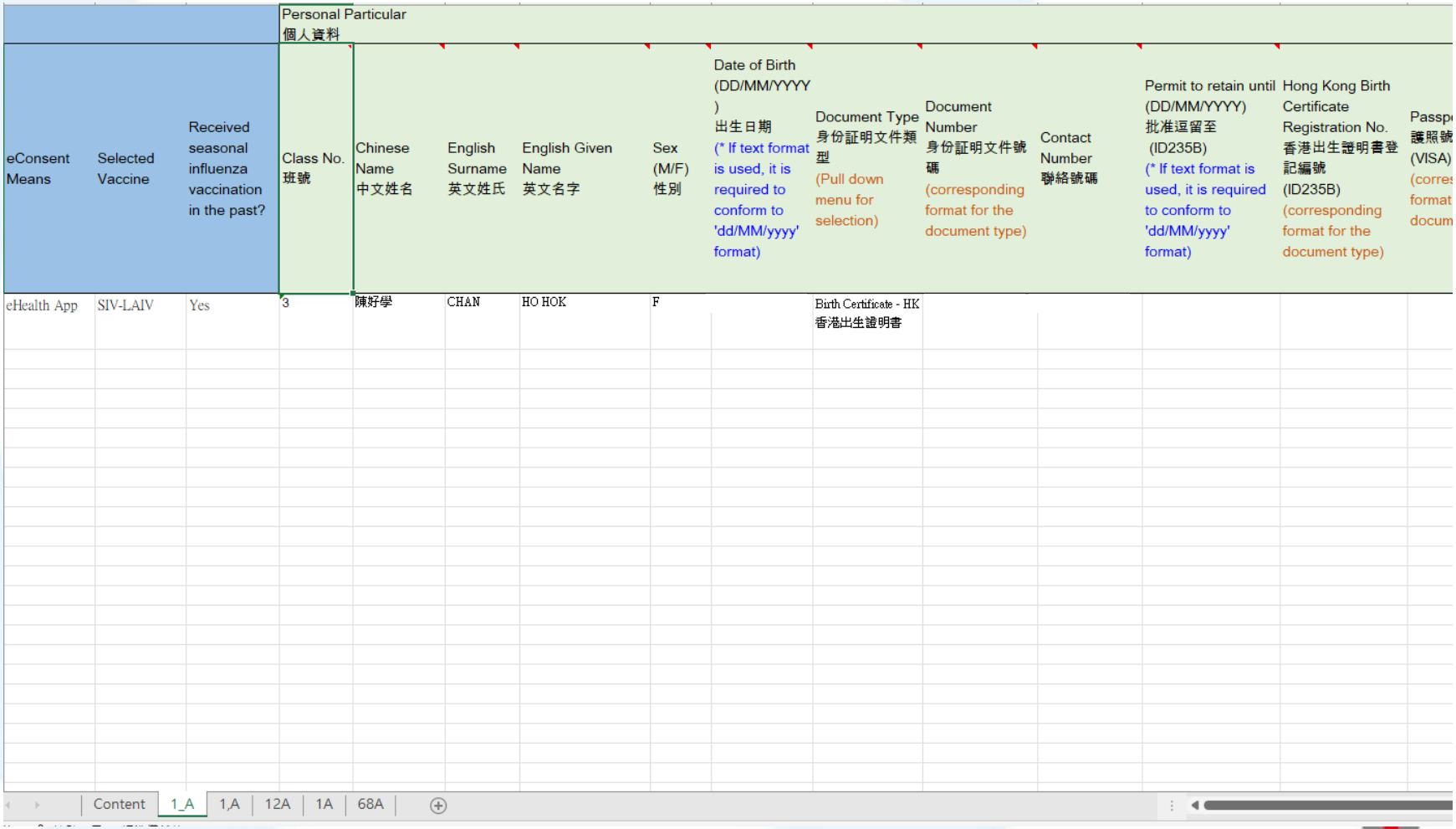
Version 1: unmatched class

				Personal Particular 個人資料															
eConsent Means	Selected Vaccine	Received seasonal influenza vaccination in the past?	Class	Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Document Type 身份証明文件類型 (Pull down menu for selection)	Document Number 身份証明文件號碼 (corresponding format for the document type)	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID235B) (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Hong Kong Birth Certificate Registration No. 香港出生證明書登記編號 (ID235B) (corresponding format for the document type)	Passport No. 護照號碼 (VISA) (corresponding format for the document type)	Passport Issuing Country / Region 護照簽發國家 / 地區 (VISA) (Pull down menu for selection)	Serial No. 編號 (EC) (corresponding format for the document type)	Reference No. 參考編號 (EC) (corresponding format for the document type)
eHealth App	SIV-IIV	No				TEST	TEST	F	10/10/2020	HKID Card 香港身份證	Z0000001								

Version 2：Matched student list

	A	B
1	**eHR UID**	-- Please input here --
2	**Service Provider Name**	-- Please input here --
3		
4	**Name of HCP**	-- Please input here --
5		
6	**Scheme**	SIVSOP
7	**Subsidy**	IIV-C (Government provided vaccine)
8		
9	**School Name**	測試中 -馬田第二小學

Content | 1_A | 1A | 12A | 1A | 68A



			Personal Particular 個人資料										
eConsent Means	Selected Vaccine	Received seasonal influenza vaccination in the past?	Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Document Type 身份証明文件類型 (Pull down menu for selection)	Document Number 身份証明文件號碼 (corresponding format for the document type)	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID235B) (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Hong Kong Birth Certificate Registration No. 香港出生證明書登記編號 (ID235B) (corresponding format for the document type)	Passp 護照號 (VISA) (corres format docum
eHealth App	SIV-LAIV	Yes	3	陳好學	CHAN	HO HOK	F		Birth Certificate - HK 香港出生證明書					

Content | 1_A | 1,A | 12A | 1A | 68A

E-consented Student List

- The school should verify the correctness of the students' class and numbers in the "e-consented student list.“
- Schools provide the "e-consented student list" and paper consent forms to the matched medical team (or assist in compiling the list).
- Medical team compiles the list(s) of students who have consented to vaccination (can be one combined / two separated list for electronic and paper consent forms) and submits it to the DH

Consented Student List (for batch upload)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Personal Particular														
Class No. 班號	Chinese Name 中文姓名	English Surname 英文姓氏	English Given Name 英文名字	Sex (M/F) 性別	Date of Birth (DD/MM/YYYY) 出生日期 (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Document Type 身份証明文件類型 (Pull down menu for selection)	Document Number 身份証明文件號碼 (corresponding format for the document type)	Contact Number 聯絡號碼	Permit to retain until (DD/MM/YYYY) 批准逗留至 (ID235B) (* If text format is used, it is required to conform to 'dd/MM/yyyy' format)	Hong Kong Birth Certificate Registration No. 香港出生證明書登記編號 (ID235B) (corresponding format for the document type)	Passport No. 護照號碼 (VISA) (corresponding format for the document type)	Passport Issuing Country / Region 護照簽發國家 / 地區 (VISA/Passport) (Pull down menu for selection)	Serial No. 編號 (EC) (corresponding format for the document type)	Reference No. 參考編號 (EC) (corresponding format for the document type)
1														

Consented Student List

	P	Q	R	S	T	U	V	W	X	Y	Z
1	eHealth Registration Scheme		Substitute Decision Maker (SDM) Information								
2	No. ding the	Consent to join eHealth 同意登記醫健通 (Pull down menu for selection)	Mobile Number for receiving system notifications to join eHealth Registration Scheme 手提電話號碼以收取登記醫健通計劃系統通知	Minors 十六歲以下兒童/ / MIP 年滿十六歲但無能力自行給予同意的人士	English Surname 英文姓氏	English Given Name 英文名字	Chinese Name 中文姓名	Contact Number 聯絡號碼	Document Type 身份証明文件類型 (Pull down menu for selection)	Document Number 身份証明文件號碼 (corresponding format for the document type)	Relationship (for Minors) 與醫護接受者關係 (Pull down menu for selection)	Relationship (For MIP) 與醫護接受者關係 (Pull down menu for selection)
3		Yes 有	99889988	Minors十六歲以下	Test	Mother		99889988	Hong Kong Identity Card 香港身份證		Parents 父母	
4		Yes 有	99889988	Minors十六歲以下	Test	Mother		99889988	Hong Kong Identity Card 香港身份證		Parents 父母	
5		Yes 有	99889988	Minors十六歲以下	Test	Mother		99889988	Hong Kong Identity Card 香港身份證		Parents 父母	
6		Yes 有	99889988	Minors十六歲以下	Test	Mother		99889988	Hong Kong Identity Card 香港身份證		Parents 父母	
7		Yes 有	99889988									
8		Yes 有	99889988	Minors十六歲以下	Test	Mother		99889988	Hong Kong Identity Card 香港身份證		Parents 父母	

Proposed Timeline for preparations

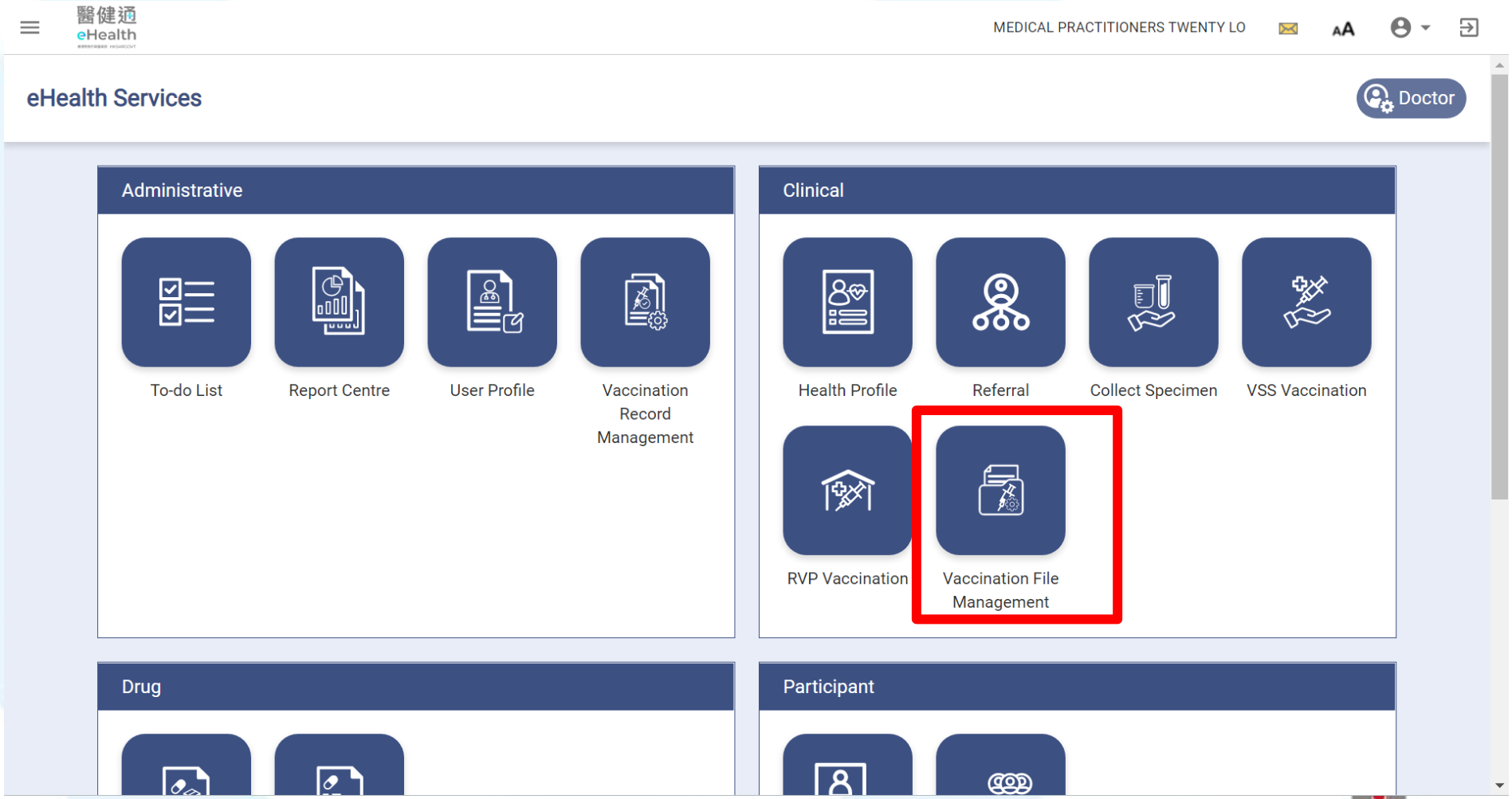
Preferably 3 WEEKS BEFORE VACCINATION

- Doctors should log in to eHealth
- Download the First Report
- Cross check information on consent forms with the results
- Contact parents if there are any discrepancies e.g.

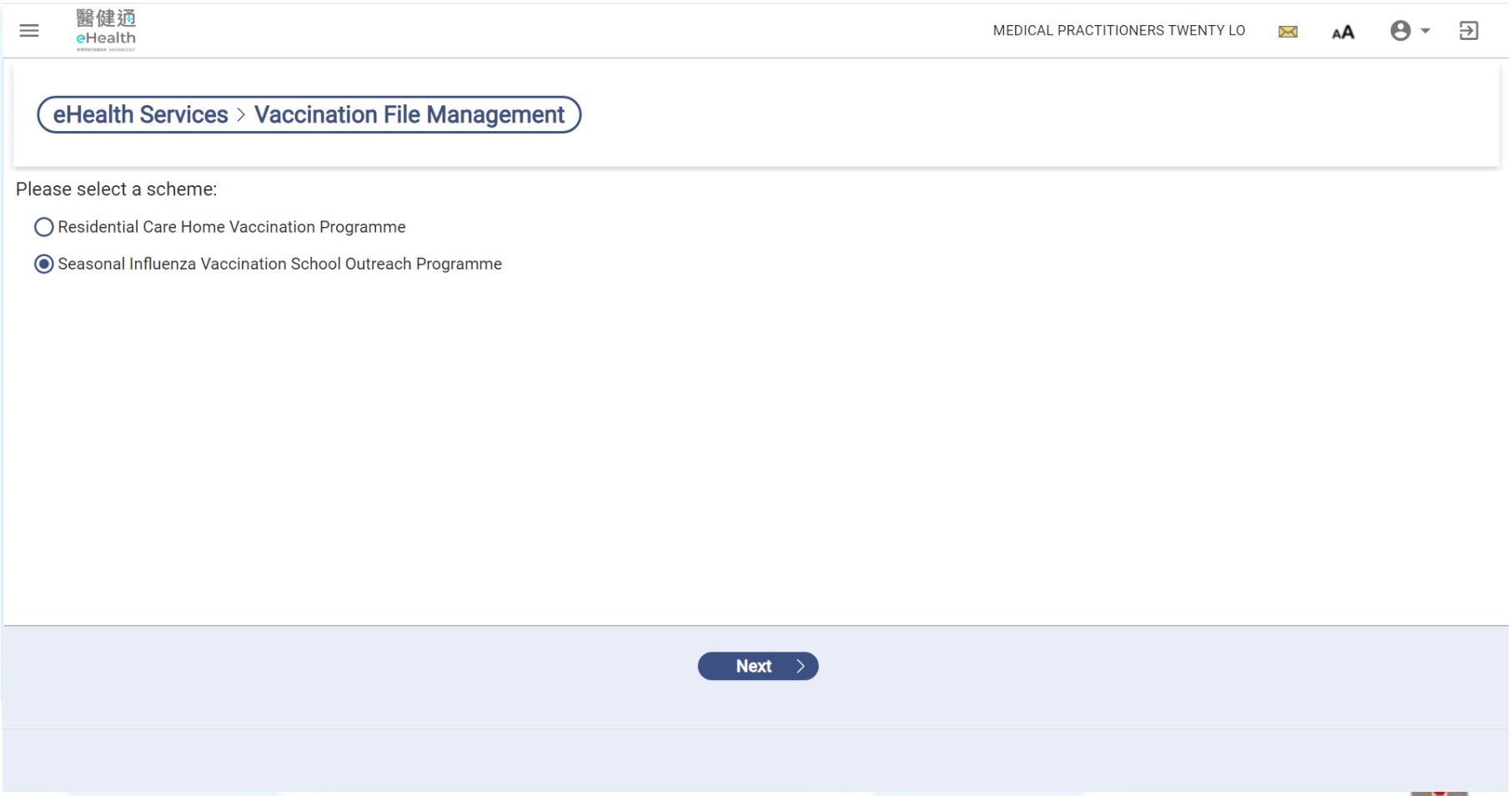
		History of vaccination from eHealth	
		YES	NO
History of vaccination from Consent form	YES	✓	!
	NO	!	✓

SIVSOP Vaccination File Management

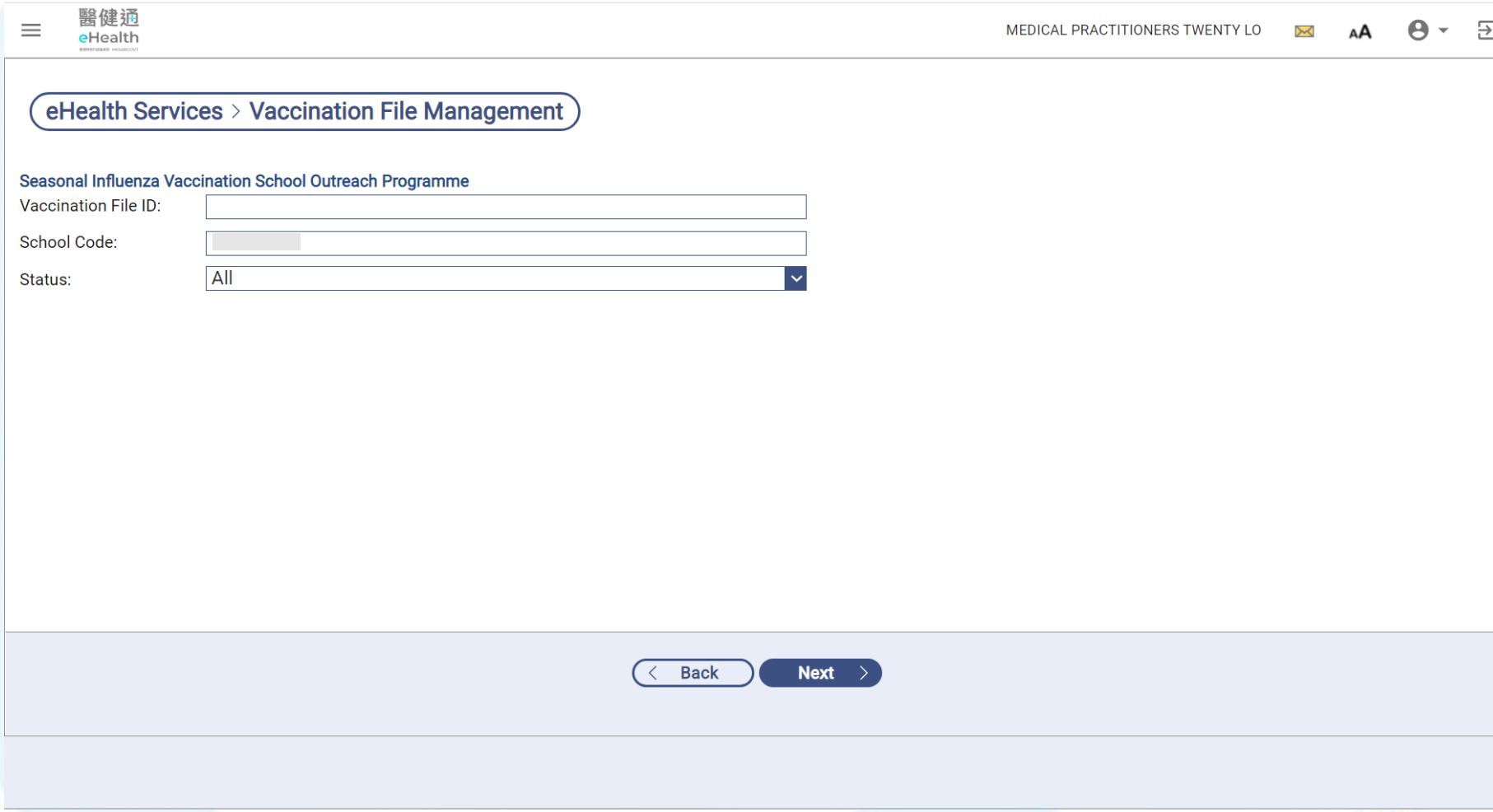
Select Vaccination Record Management

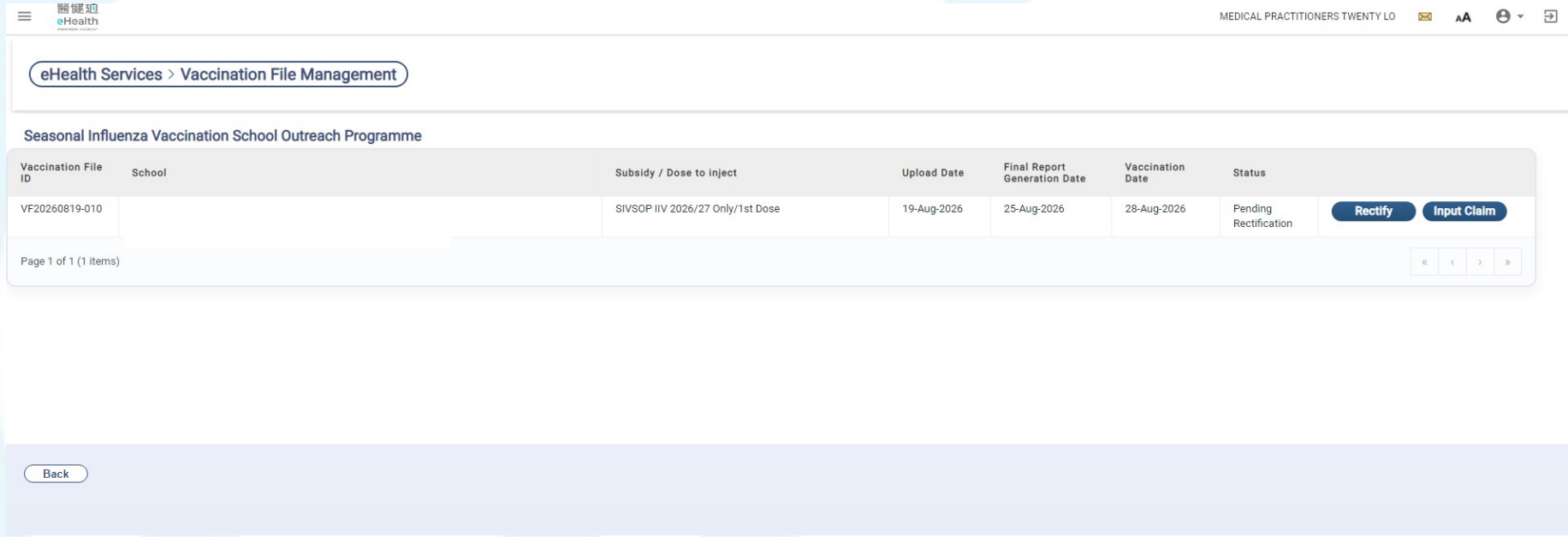


Select Seasonal Influenza Vaccination School Outreach Programme



Enter School Code




eHealth
MEDICAL PRACTITIONERS TWENTY LO
eHealth Services > Vaccination File Management
Seasonal Influenza Vaccination School Outreach Programme
Vaccination File ID
School
Subsidy / Dose to inject
Upload Date
Final Report Generation Date
Vaccination Date
Status
VF20260819-010
SIVSOP IIV 2026/27 Only/1st Dose
19-Aug-2026
25-Aug-2026
28-Aug-2026
Pending Rectification
Rectify
Input Claim
Page 1 of 1 (1 items)
Back

eHealth Services > Vaccination File Management

Seasonal Influenza Vaccination School Outreach Programme

Vaccination File ID:	VF20260819-010	
School Code:		
School Name:		
eHR UID:	3 [redacted] 7	
Service Provider Name:	LO, MEDICAL PRACTITIONERS TWENTY	
Practice:	Virtual HOSPITAL - VHC4 HSL	
	Only/1st Dose	2nd Dose
1st Vaccination date:	28-Aug-2026	30-Sep-2026
1st Final Report Generation Date:	25-Aug-2026	27-Sep-2026
2nd Vaccination date:	-	-
2nd Final Report Generation Date:	27-Sep-2026	-
Subsidy:	IIV-C (Doctor provided vaccine) 2026/27	
Dose to inject:	1STDOSE	
Status:	Pending Rectification	
No. of Class:	2	
No. of Student:	31	
Class Name	Doc Type	

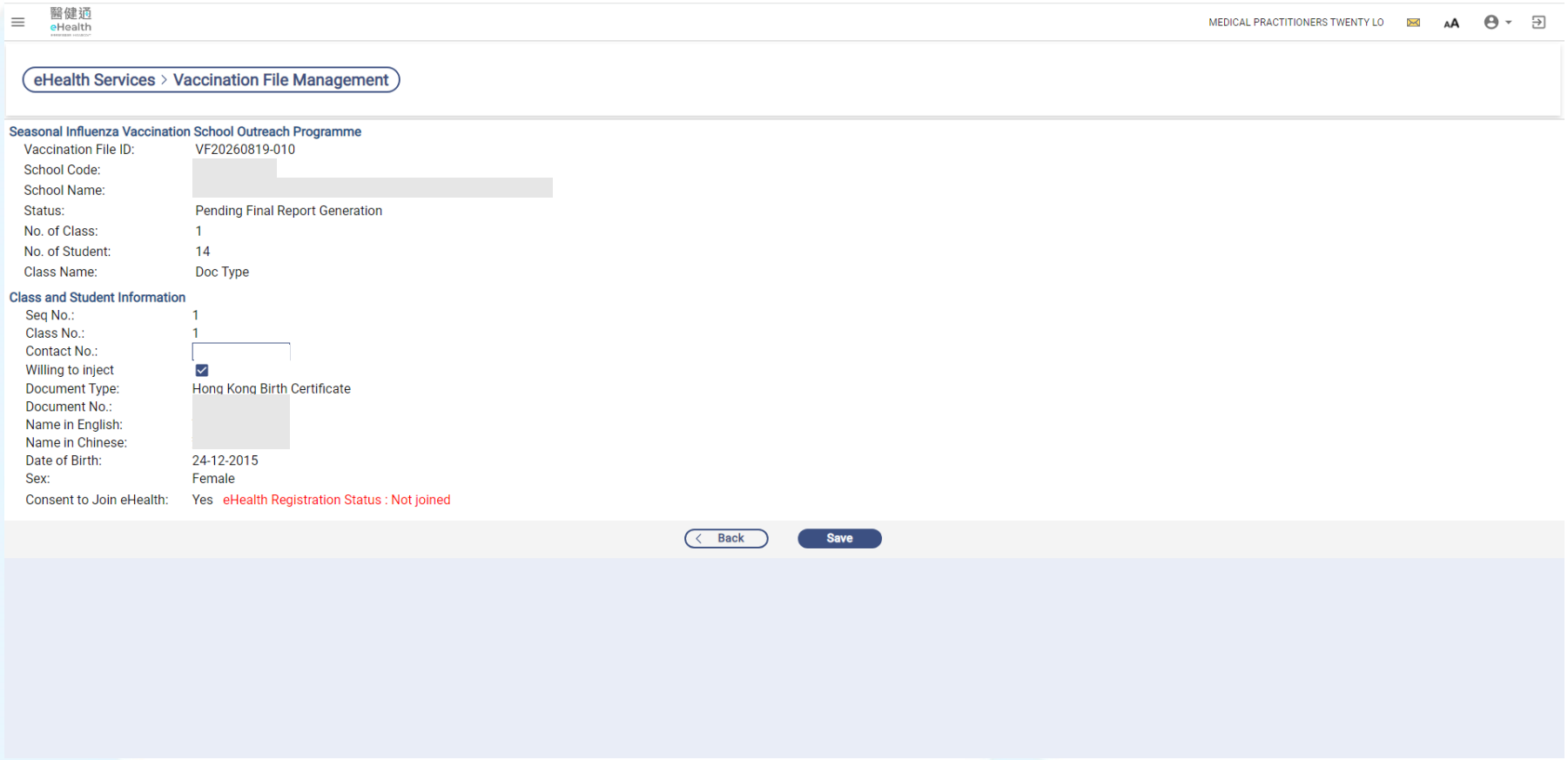
Back Next

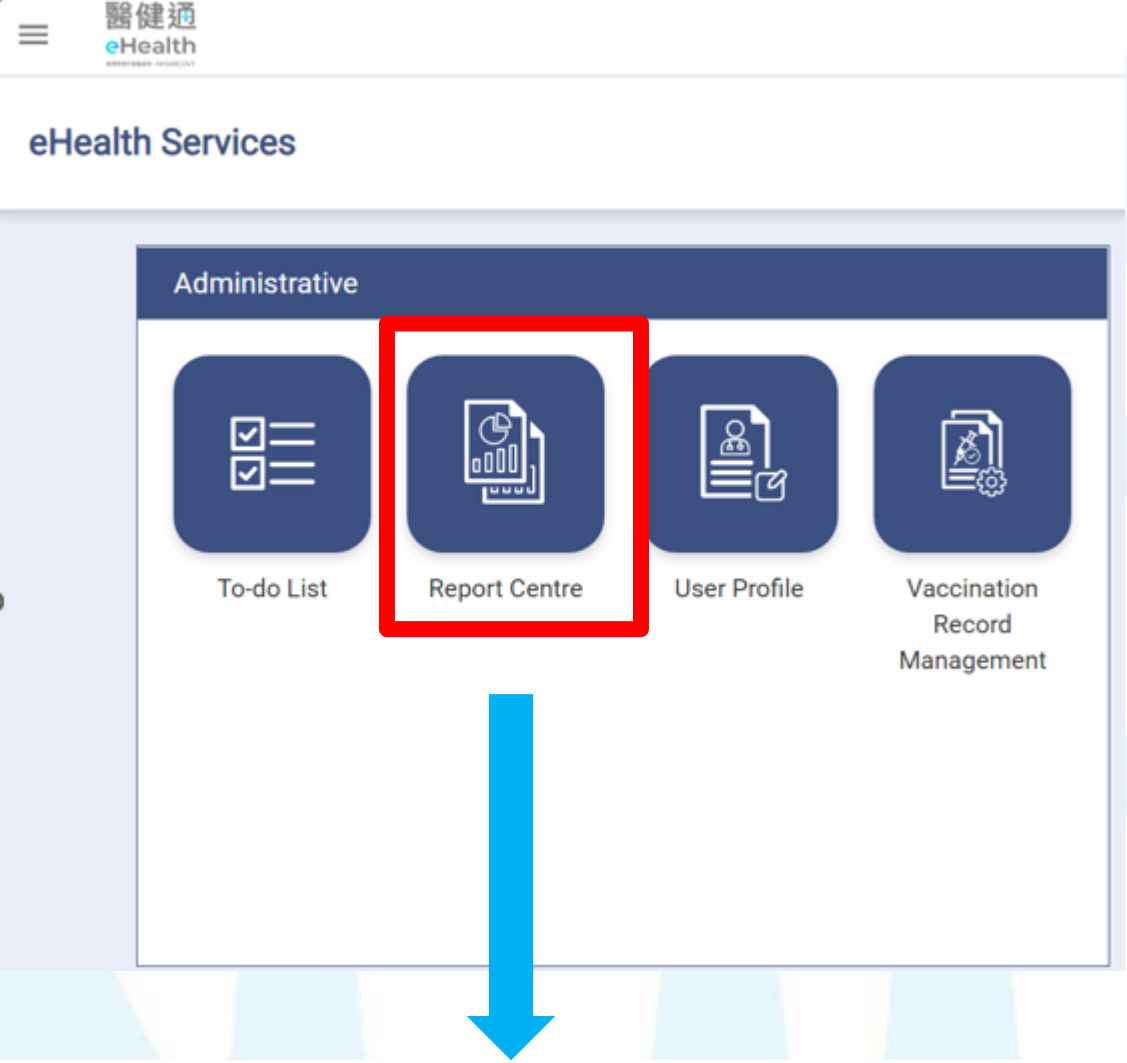
Seasonal Influenza Vaccination School Outreach Programme

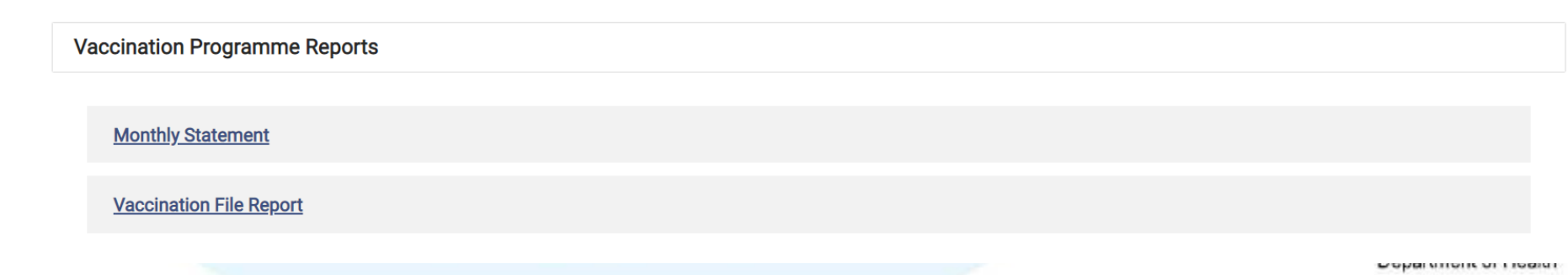
Vaccination File ID: VF20260819-010
School Code:
School Name:
Status: Pending Final Report Generation
Class Name: Doc Type
No. of Student: 14

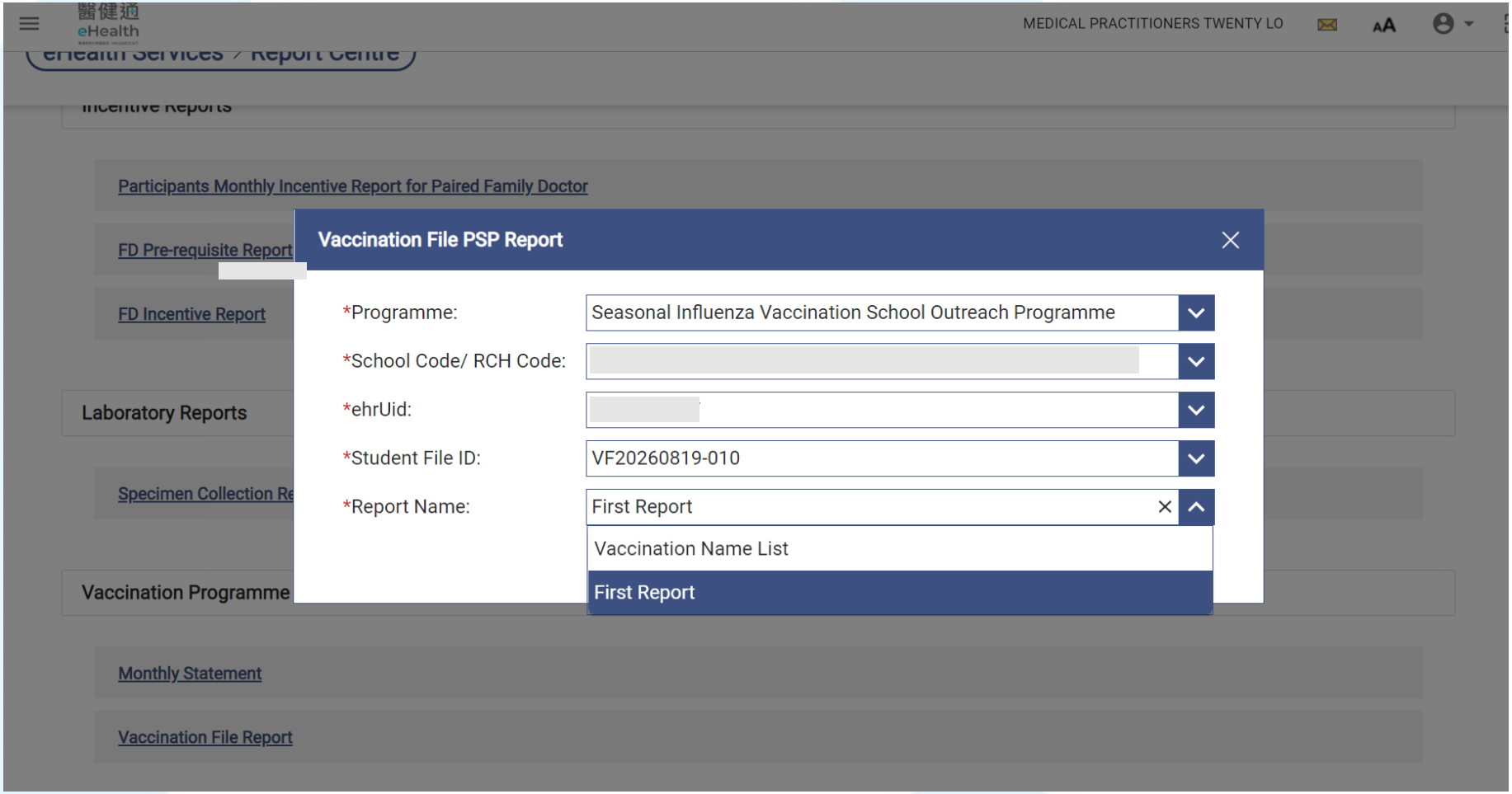
Seq No.	Class No.	Doc Type Identity Doc. No.	Contact No.	Name	Sex	DOB	Other Fields	Willing to inject	
1	1	HKBC xxxxxxxxxx	xxxxxxxxxx	XXXXXXX	F	24-12-2015		Yes	Edit
2	2	HKIC xxxxxxxxxx	xxxxxxxxxx	XXXXXXX	M	26-05-2016		Yes	Edit
3	3	ADOPC xxxxxxxxxx	xxxxxxxxxx	XXXXXXX	M	22-11-2016		Yes	Edit
4	4	Doc/I xxxxxxxxxx	xxxxxxxxxx	XXXXXXX	M	24-12-2015		Yes	Edit
5	5	EC xxxxxxxxxx	xxxxxxxxxx	XXXXXXX	F	25-10-2013	XXXXXXXXXXXXX	Yes	Edit

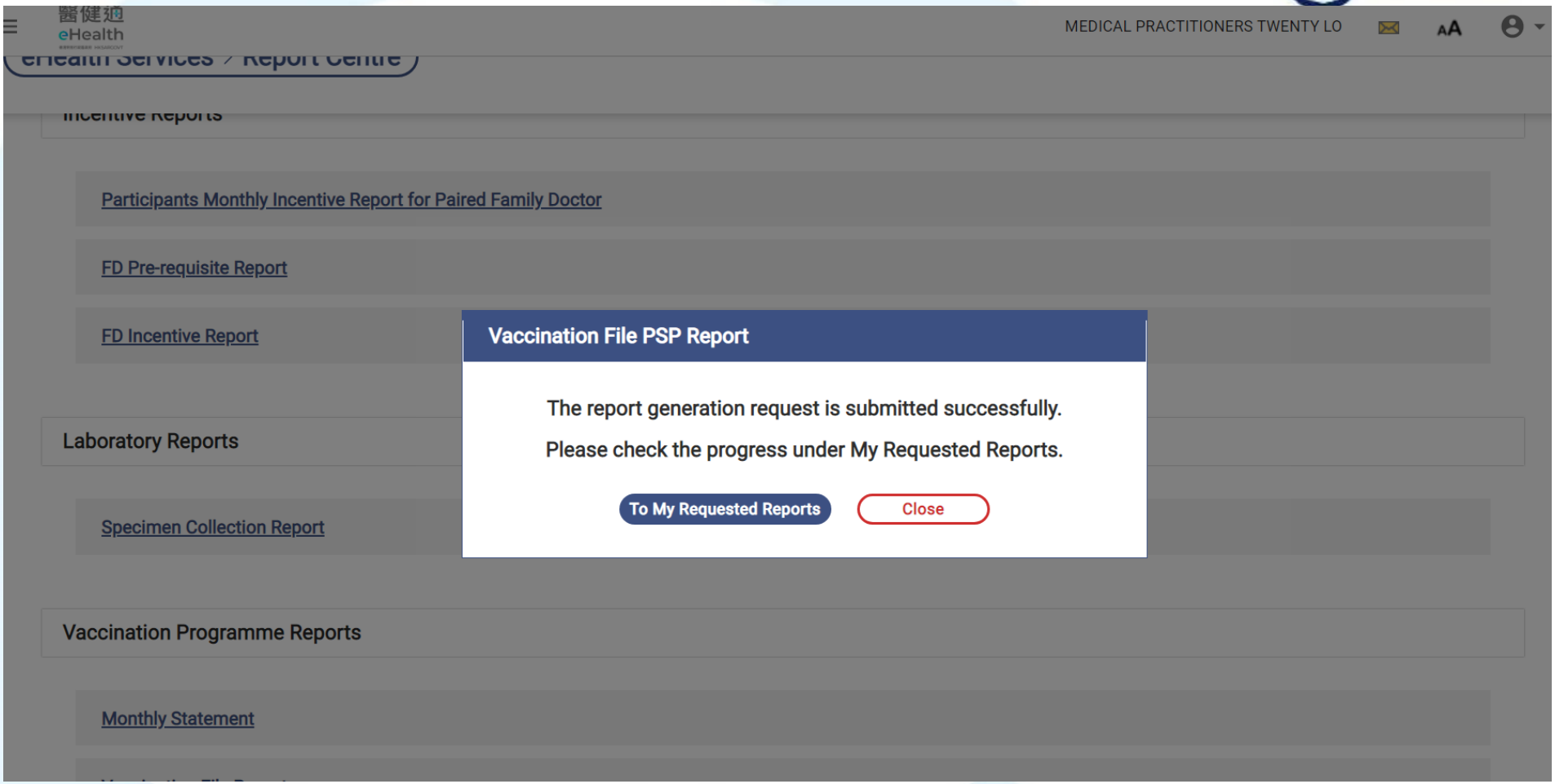
衛生署 Department of Health


醫健通
eHealth
MEDICAL PRACTITIONERS TWENTY LO
eHealth Services > Vaccination File Management
Seasonal Influenza Vaccination School Outreach Programme
Vaccination File ID: VF20260819-010
School Code:
School Name:
Status: Pending Final Report Generation
No. of Class: 1
No. of Student: 14
Class Name: Doc Type
Class and Student Information
Seq No.: 1
Class No.: 1
Contact No.:
Willing to inject
Document Type: Hong Kong Birth Certificate
Document No.:
Name in English:
Name in Chinese:
Date of Birth: 24-12-2015
Sex: Female
Consent to Join eHealth: Yes eHealth Registration Status : Not joined
Back
Save


醫健通
eHealth
eHealth Services
Administrative
To-do List
Report Centre
User Profile
Vaccination Record Management


Vaccination Programme Reports
Monthly Statement
Vaccination File Report

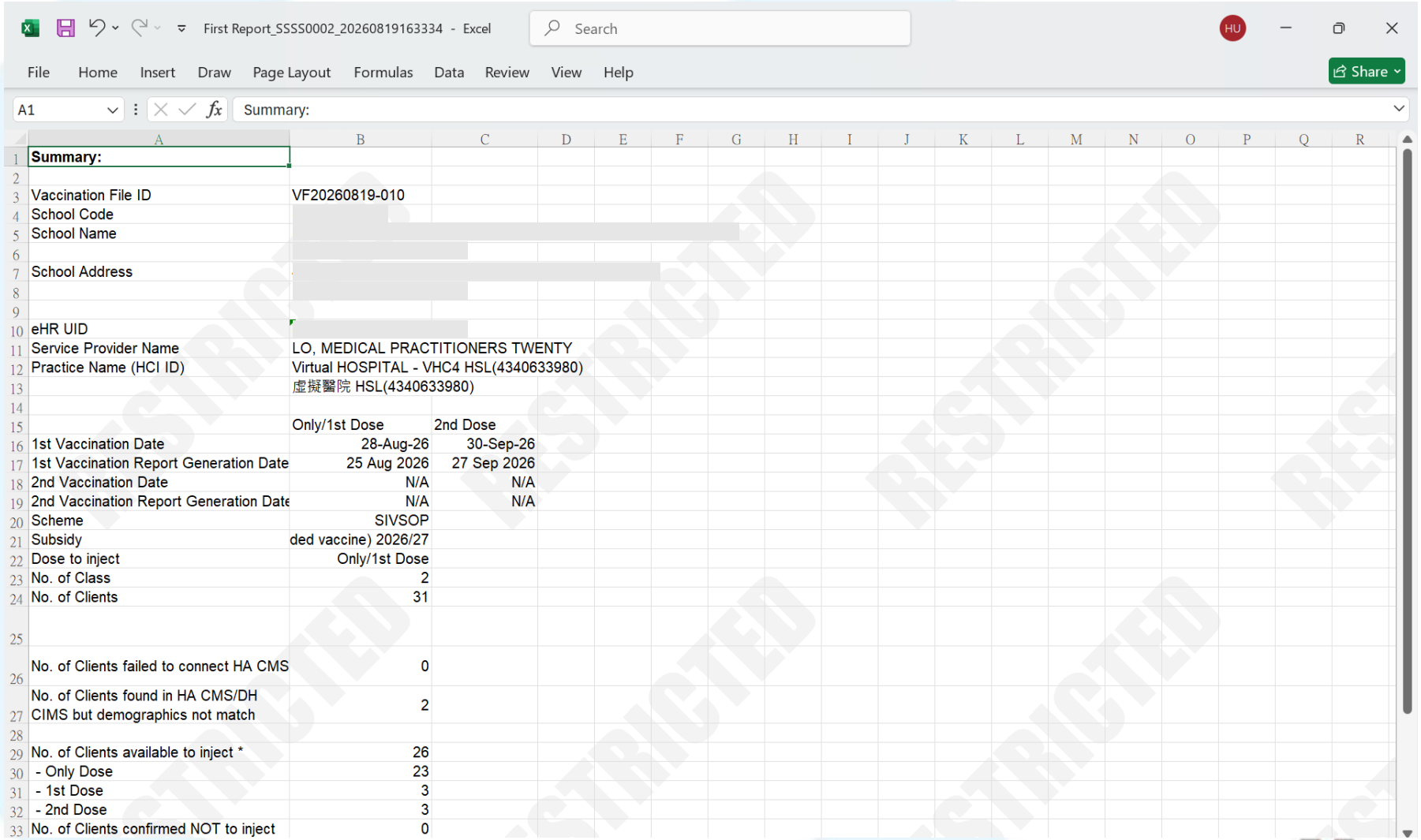

醫健通
eHealth
MEDICAL PRACTITIONERS TWENTY LO
Participants Monthly Incentive Report for Paired Family Doctor
FD Pre-requisite Report
FD Incentive Report
Laboratory Reports
Specimen Collection Re
Vaccination Programme
Monthly Statement
Vaccination File Report
Vaccination File PSP Report
*Programme:
Seasonal Influenza Vaccination School Outreach Programme
*School Code/ RCH Code:
*ehrUid:
*Student File ID:
VF20260819-010
*Report Name:
First Report
Vaccination Name List
First Report


MEDICAL PRACTITIONERS TWENTY LO
Participants Monthly Incentive Report for Paired Family Doctor
FD Pre-requisite Report
FD Incentive Report
Vaccination File PSP Report
The report generation request is submitted successfully.
Please check the progress under My Requested Reports.
To My Requested Reports
Close
Laboratory Reports
Specimen Collection Report
Vaccination Programme Reports
Monthly Statement

eHealth Services > Report Centre > My Requested Reports

Report Name	Requested Date & Time	Status
First Report	19-Aug-2026 04:26 PM	Ready
First Report	19-Aug-2026 04:24 PM	Ready
First Report	19-Aug-2026 02:17 PM	Ready
First Report	19-Aug-2026 02:06 PM	Ready
First Report	19-Aug-2026 12:37 PM	Ready
First Report	19-Aug-2026 11:26 AM	Ready
Final Report	19-Aug-2026 11:23 AM	Ready
First Report	19-Aug-2026 11:22 AM	Ready
Final Report	19-Aug-2026 11:20 AM	Ready
First Report	19-Aug-2026 11:16 AM	Ready

衛生署
Department of Health



First Report_SSSS0002_20260819163334 - Excel

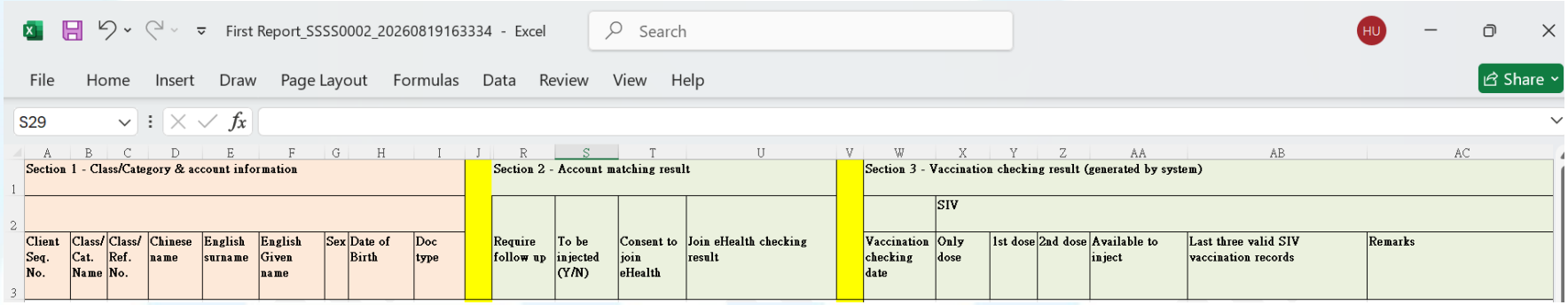
Search

File Home Insert Draw Page Layout Formulas Data Review View Help

Share

A1 Summary:

	A	B	C
1	**Summary:**		
2			
3	Vaccination File ID	VF20260819-010	
4	School Code		
5	School Name		
6			
7	School Address		
8			
9			
10	eHR UID		
11	Service Provider Name	LO, MEDICAL PRACTITIONERS TWENTY	
12	Practice Name (HCI ID)	Virtual HOSPITAL - VHC4 HSL(4340633980)	
13		虛擬醫院 HSL(4340633980)	
14			
15		Only/1st Dose	2nd Dose
16	1st Vaccination Date	28-Aug-26	30-Sep-26
17	1st Vaccination Report Generation Date	25 Aug 2026	27 Sep 2026
18	2nd Vaccination Date	N/A	N/A
19	2nd Vaccination Report Generation Date	N/A	N/A
20	Scheme	SIVSOP	
21	Subsidy	ded vaccine) 2026/27	
22	Dose to inject	Only/1st Dose	
23	No. of Class	2	
24	No. of Clients	31	
25			
26	No. of Clients failed to connect HA CMS	0	
27	No. of Clients found in HA CMS/DH CIMS but demographics not match	2	
28			
29	No. of Clients available to inject *	26	
30	- Only Dose	23	
31	- 1st Dose	3	
32	- 2nd Dose	3	
33	No. of Clients confirmed NOT to inject	0	



Section 1 - Class/Category & account information										Section 2 - Account matching result				Section 3 - Vaccination checking result (generated by system)							
															SIV						
Client Seq. No.	Class/ Cat. Name	Class/ Ref. No.	Chinese name	English surname	English Given name	Sex	Date of Birth	Doc type		Require follow up	To be injected (Y/N)	Consent to join eHealth	Join eHealth checking result		Vaccination checking date	Only dose	1st dose	2nd dose	Available to inject	Last three valid SIV vaccination records	Remarks

Proposed Timeline for preparations

Preferably 3 WEEKS BEFORE VACCINATION

- Double check the date of vaccination on eHealth, amend if wrong
- For children below 9, remember to check the need for 2nd dose
- Estimate the quantity of vaccines required
- Submit documentary proof to PMVD for updating if there is any amendment of document type and document number

Proposed Timeline for preparations

Preferably 2 WEEKS BEFORE VACCINATION

- Submit the *Vaccine Ordering Form* to PMVD to request vaccine quantity, preferred delivery time, and time for unused vaccine and cold box collection

- PMVD will send a *Confirmation Notice* to doctors confirming arrangement of vaccine delivery, unused vaccine and cold box collection arrangement within three working days

Note: Second dose Vaccine Order should only be made after completion of first dose vaccination activity

Vaccine Ordering Form (DH delivery/ Clinic delivery)

訂單編號	衞生署 2026 / 27 年度季節性流感疫苗學校外展計劃 送學校 疫苗申請表格	☐ 新增訂單 ☐ 更改訂單
由衞生署職員填寫		由醫療機構填寫

備註： 請醫療機構於**接種日最少兩星期前**填妥本表格並**傳真或電郵**至衞生署項目管理及疫苗計劃科（**傳真號碼：2544 3927；電郵地址：pilotsiv@dh.gov.hk**）。
若發送本表格後三個工作天後，仍未收到衞生署的訂單確認通知，**請與負責確認訂單職員聯絡。**
交表後，有任何改動，應儘快通知衞生署項目管理及疫苗計劃科。另外，請於疫苗接種活動當日帶同訂單確認通知到校，以便核對疫苗數目。

甲部 疫苗申請款式及數量

學校名稱：		學校編號：
☐ 中學	☐ 小學	☐ 幼稚園 / 幼兒中心

※ 請完成 第一劑 接種後才申請 第二劑 ※

☐ 第一劑	☐ 第二劑	疫苗款式 可同時選擇 注射式 及 噴鼻式 (請填在同一張表格內)	
		注射式	噴鼻式
由醫健通(資助)系統得出今季可接種人數：		劑	劑
減去 不適合接種人數： (例如：有禁忌症、最後決定不接種 或 缺席接種第一劑等)		劑	劑
總共申請疫苗數量：		劑	劑

乙部 送貨資料

接種日期	送疫苗到校時間	收剩針時間
_____年 _____月 _____日 (星期 _____)	建議接收疫苗時間為 開始接種前一小時	最遲收剩針時間： 星期一至五：16:00；星期六：12:00
學校送貨地址： 樓層：_____ 升降機： ☐ 有 ☐ 無		

丙部 聯絡資料

醫療機構名稱：	
負責醫生姓名：	醫生註冊編號：M
負責接收疫苗的職員姓名：	手提電話：
負責醫生簽署及蓋章：	

SIVSO_D_A3 最後更新: 2026 年 6 月

訂單編號	衞生署 2026 / 27 年度季節性流感疫苗學校外展計劃 疫苗申請表格 送診所 (第二劑適用)	☐ 新增訂單 ☐ 更改訂單
由衞生署職員填寫		

備註： 由於訂購疫苗及安排運送需時，請於 **接種日期最少兩星期前** 填妥本表格並 **傳真 或 電郵** 至 衞生署項目管理及疫苗計劃科（**傳真號碼：2544 3927；電郵地址：pilotsiv@dh.gov.hk**）。醫療機構如於發送本表格後三個工作天內仍未收到衞生署的訂單確認通知，**請與負責確認訂單職員聯絡。**

甲部 聯絡資料 (中文／英文) ※請完成 第一劑 接種後才申請 第二劑 疫苗※

1. 醫療機構名稱：_____
2. 負責醫生姓名：_____ 醫生註冊編號：M_____
3. 診所地址：_____ 升降機： ☐有 ☐無

乙部 疫苗申請數量 *可同時選擇 注射式 及 噴鼻式 (請填在同一張表格內)*

學校名稱	接種日期 (年 / 月 / 日)	(a) 注射式	(b) 噴鼻式	申請數量 = (a) + (b)
1. 學校編號：( )	/ /			劑
2. 學校編號：( )	/ /			(+) 劑
3. 學校編號：( )	/ /			(+) 劑
4. 學校編號：( )	/ /			(+) 劑
5. 學校編號：( )	/ /			(+) 劑
6. 學校編號：( )	/ /			(+) 劑
7. 學校編號：( )	/ /			(+) 劑
(c) 合計申請數量 (乙1 至 乙7 總和)：		劑	(+) 劑	= 劑
(d) 診所內 該款 政府疫苗剩餘數量：		劑	(+) 劑	= 劑
是次申請總數量 (c 減 d)：		劑	(+) 劑	= 劑

填寫申請表格的日期： _____ 年 _____ 月 _____ 日	註： 疫苗將於貴 機構收到確認通知書的 五個工作天後 送貨 疫苗派送時間為： 當日 上午十時至下午一時 或 下午二時至下午五時
負責職員： 聯絡電話：	負責醫生簽署及蓋章：

SIVSO_D_A4 最後更新: 2026 年 2 月

衞生署 Department of Health

Proposed Timeline for preparations

Preferably 2 WEEKS BEFORE VACCINATION

- Decide method of clinical waste collection and delivery

1. Liaise with a licensed clinical waste collector for collection of clinical waste or a healthcare professional for delivery of clinical waste to the Chemical Waste Treatment Centre (CWTC) on the same day; and inform schools of the arrangement
2. Liaise with schools to arrange temporary storage of clinical waste at the school until collection or delivery of clinical waste if the waste could not be collected or delivered on the date of vaccination.
   - Secondary School Outreach: clinical waste to be collected within 2 weeks after the vaccination activity
   - Primary School Outreach: clinical waste to be collected within 2 weeks after each of the 1st and 2nd dose activity
   - KG/CCC Outreach: clinical waste to be collected within 2 weeks after the 2nd dose activity.

Proposed Timeline for preparations

1 WEEK BEFORE VACCINATION

- Remind schools about the vaccination date and time and check whether they have any ad-hoc activities on the day that may affect the vaccination schedule

- Issue a list of students requiring vaccination to school

- Remind schools to distribute *Notice to Parents on Seasonal Influenza Vaccination* to parents to remind students to wear short-sleeved clothing and bring old *SIV Vaccination card* to the vaccination activity

Notice to Parents (consenting)

通告

2026/27 季節性流感疫苗學校外展計劃

接種事宜

致　各位同意接種疫苗學生的家長

衞生署已收到你的同意為 貴子女在上述計劃下接種疫苗。衞生署將於_____（日期）安排疫苗接種隊 （由衞生署或透過公私營合作）到校為 貴子女提供第一劑季節性流感疫苗接種服務。請於接種當日提醒 貴子女：

1. 攜帶季節性流感疫苗接種卡 (如有)
2. 早上要進食早餐
3. 穿著方便外露手臂的衣服，以便接種 (如接種注射式疫苗)

如 貴子女在 2026 年 9 月 1 日後已接種 2026/27 年度流感疫苗或你對上述安排有任何疑問，請立即通知學校。

(請在學校規定的時間準時接種疫苗。恕逾時不候。)

校長/負責老師：_____ 謹啟

_____年_____月_____日

SIVSO_S_A2
最後更新: 2026 年 2 月

Notice

2026/27 Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents **consenting** to their children for vaccination,

The Department of Health (DH) has received your consent for vaccination for your child under the above Programme. DH will arrange vaccination team (by DH or public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination). Please kindly remind your child on the day of vaccination to:

1. Bring Seasonal Influenza Vaccination Card (if available)
2. Have breakfast in the morning
3. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Please inform our school immediately if your child has already received 2026/27 seasonal influenza vaccine **after 1 September 2026** or for any queries about the above arrangement.

(Please be punctual for vaccination at the time specified by the school; latecomers will not be entertained)

Principal/Teacher in charge: _____

SIVSO_S_A2
Last updated: Feb 2026

Department of Health

Notice to Parents (not consenting)

通告

2026/27 季節性流感疫苗學校外展計劃

接種事宜

致　各位不同意接種疫苗學生的家長：

衞生署將於 _____（日期）安排疫苗接種隊（由衞生署或透過公私營合作）到校提供第一劑季節性流感疫苗接種服務。

衞生署沒有收到你的同意為 貴子女在上述計劃下接種季節性流感疫苗。因此，疫苗接種隊不會為 貴子女提供季節性流感疫苗接種服務。

如果你對上述安排有任何疑問，請盡快與學校聯繫。

校長/負責老師：_____ 謹啟

_____年_____月_____日

SIVSO_S_A2
最後更新: 2026 年 2 月

Notice
2026/27 Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents **NOT Consenting** to their children for vaccination,

The Department of Health (DH) will arrange vaccination team (by DH or through public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination).

DH **has not received** your consent for seasonal influenza vaccination for your child under the above Programme. Therefore, the vaccination team will **NOT** provide seasonal influenza vaccination for your child.

If you have any queries about the above arrangement, please contact the school as soon as possible.

Principal/Teacher in charge: _____

SIVSO_S_A2
Last updated: Feb 2026

Proposed Timeline for preparations

3 WORKING DAYS BEFORE VACCINATION

- Download and check the *Final Report* and *On-site Vaccination List* generated on eHealth, which can help to prevent double dose

- Bring the *Final Report* and *On-site Vaccination List* to the schools on the day of vaccination activity

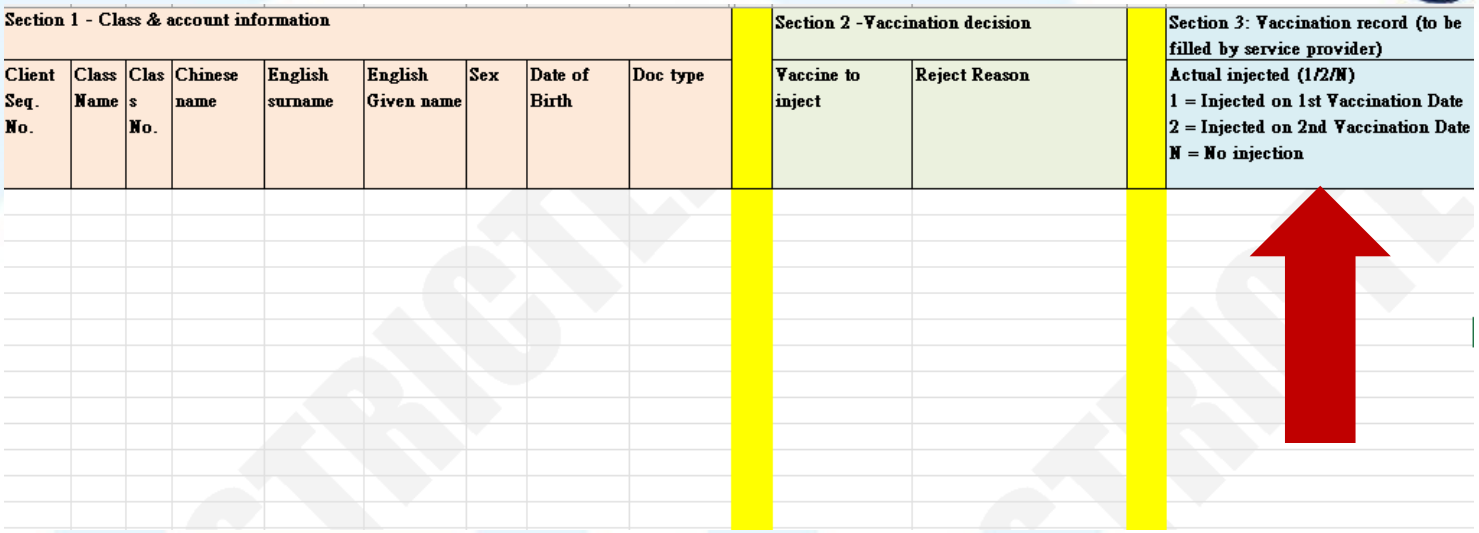
- Compile a *List of Students Requiring 2nd Dose* vaccination to pass to schools on day of 1st dose vaccination activity

eHealth Services > Report Centre > My Requested Reports

Report Name	Requested Date & Time	Status
First Report	19-Aug-2026 04:26 PM	Ready
First Report	19-Aug-2026 04:24 PM	Ready
First Report	19-Aug-2026 02:17 PM	Ready
First Report	19-Aug-2026 02:06 PM	Ready
First Report	19-Aug-2026 12:37 PM	Ready
First Report	19-Aug-2026 11:26 AM	Ready
Final Report	19-Aug-2026 11:23 AM	Ready
First Report	19-Aug-2026 11:22 AM	Ready
Final Report	19-Aug-2026 11:20 AM	Ready
First Report	19-Aug-2026 11:16 AM	Ready

1 2 3 4 5 6 7

On-site Vaccination List



Section 1 - Class & account information									Section 2 -Vaccination decision		Section 3: Vaccination record (to be filled by service provider)
Client Seq. No.	Class Name	Class No.	Chinese name	English surname	English Given name	Sex	Date of Birth	Doc type	Vaccine to inject	Reject Reason	Actual injected (1/2/N) 1 = Injected on 1st Vaccination Date 2 = Injected on 2nd Vaccination Date N = No injection

- Record for vaccination with signature from medical team (particularly for e-consent students)
- Can use one combined / 2 separated list for paper-consent and e-consent
- Students to bring documents for checking (e.g. school handbook, student card, ID, etc)

Timeline for Preparation

Task	Proposed Timeline
➢ Remind schools to distribute QR code to parents for e-consent	**From now**
➢ Remind schools to distribute *Consent Forms* for vaccination to parents	Preferably **4 weeks before** vaccination day
➢ Collect *signed Consent Forms and e-consent excel* from schools and sign the *Consent Form Receipt Note*	Preferably **4 weeks before** vaccination day
➢ Provide *Excel* table of consented students (*Consented Student List*) to PMVD via designated email account	Preferably **4 weeks before** vaccination day
➢ *First Report* generated ➢ Estimate quantity of vaccines required	Preferably **3 weeks before** vaccination day

Timeline for Preparation

Task	Proposed Timeline
➢ Submit *Vaccine Ordering Form* to PMVD ➢ Liaise with schools to decide on method of clinical waste delivery	Preferably **2 weeks before** vaccination day
➢ Final correction of any misinformation on eHealth ➢ Submit list of students requiring vaccination to schools	Preferably **1 week before** vaccination day
➢ *Final Report* generated on eHealth	**3 working days before** vaccination day
First dose vaccination period	**Late Sept to November 2026**
➢ Start preparation for ***2nd dose vaccination***	Preferably **4 weeks before** 2nd dose vaccination activity
Second dose vaccination period	by **end January 2027**