衞生署

DEPARTMENT OF HEALTH

季節性流感疫苗接種卡

Seasonal Influenza Vaccination Card

姓名 Name _____

出生日期 Date of Birth _____ 性別 Sex _____

請妥善保存，並於下次接種流感疫苗時出示此卡

Please keep properly, and present this card on receiving subsequent influenza vaccination

SIVSO_D_C4

Last updated: May 2025

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Seasonal Influenza Vaccination Card

接種日期 Vaccination Date	醫生/ 診所/ 外展隊名稱 Name of Doctor/ Clinic/ Outreach Team	流感疫苗名稱 Name of Influenza Vaccine

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