

2025/26 季節性流感疫苗學校外展計劃

各班同意接種的學生人數

1. 在收集家長的同意書後，計算並填寫每個班別的同意接種學生人數。
2. 在疫苗接種日前最少 6 星期與疫苗接種隊溝通，疫苗接種隊將安排工作人員到校收集此表格以及同意書。請將此表格以及同意書一同遞交給他們。
3. 在遞交同意書後的一個工作天內，以傳真方式將此表格副本交回衛生防護中心項目管理及疫苗計劃科（傳真號碼：2320 8505）。

幼兒班

班別									合共
同意接種學生人數									
全班人數									

低班

班別									合共
同意接種學生人數									
全班人數									

高班

班別									合共
同意接種學生人數									
全班人數									

其他級別

班別									合共
同意接種學生人數									
全班人數									

其他級別

班別									合共
同意接種學生人數									
全班人數									

全校同意接種學生總人數：_____

全校學生總人數：_____

學校蓋章：_____

學校名稱：_____

日期：_____

2025/26 Seasonal Influenza Vaccination School Outreach Programme

The Number of Students Consented to Vaccination of Each Class

- Count and fill in no. of consented students in each class after collecting the consent forms from parents.
- Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form together with the consent forms to them.
- Fax a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection by fax at 2320 8505 within **ONE WORKING DAY** after passing the consent forms.

K 1

Class									Total
No. of consented students									
Total no. of students									

K 2

Class									Total
No. of consented students									
Total no. of students									

K 3

Class									Total
No. of consented students									
Total no. of students									

Other classes

Class									Total
No. of consented students									
Total no. of students									

Other classes

Class									Total
No. of consented students									
Total no. of students									

Total no. of consented students: _____

Total no. of students in school: _____

School Chop: _____

Name of School: _____

Date: _____