

2025/26 季節性流感疫苗學校外展計劃 學生接種記錄報告 (接種日)

請 貴校與醫療機構核對資料並於疫苗接種活動後一個工作天內 傳真此表格至衛生防護中心項目管理及疫苗計劃科 (傳真號碼: 2320 8505)。

甲部：學校及醫療機構資料

學校名稱:	
學校編號:	全校總學生人數:
醫療機構名稱:	
負責醫生姓名:	服務提供者碼 (SPID):
接種日期:	

乙部：學生接種疫苗資料

提供疫苗模式	政府提供疫苗模式	醫生提供疫苗模式
接種場次	<input type="checkbox"/> 第一劑 <input type="checkbox"/> 第一劑(第二次到校, 只適用於中小學) <input type="checkbox"/> 第二劑(只適用於小學及幼稚園/幼兒中心)	<input type="checkbox"/> 第一劑 <input type="checkbox"/> 第一劑(第二次到校, 只適用於中小學) <input type="checkbox"/> 第二劑(只適用於小學及幼稚園/幼兒中心)
疫苗種類及學生 同意接種人數	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生
疫苗種類及學生 實際接種人數	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生	<input type="checkbox"/> 注射式: _____ 名學生 <input type="checkbox"/> 噴鼻式: _____ 名學生

丙部：非學生接種疫苗資料 (只須填寫合資格獲資助接種季節性流感疫苗的人士*)

提供疫苗模式	<input type="checkbox"/> 於外展當日另外自行提供疫苗讓學校員工和學生家庭成員自費接種
疫苗種類及 實際接種人數	<input type="checkbox"/> 注射式: _____ 名合資格獲資助人士 <input type="checkbox"/> 噴鼻式: _____ 名合資格獲資助人士

*有關獲資助接種季節性流感疫苗的資格，請參閱 <https://www.chp.gov.hk/tc/features/107880.html>

由醫療機構職員填寫				由學校職員填寫			
簽署	:			簽署	:		
姓名	:			姓名	:		
職位	:			職位	:		
電話	:		醫療機構蓋印	電話	:		學校蓋印

2025/26 Seasonal Influenza Vaccination School Outreach Programme Student Vaccination Report (On Vaccination Day)

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 completion of each vaccination activity.**

Part A: Information of School and Medical Organization

Name of school:	
School Code:	Total no. of students in school:
Name of medical organization:	
Name of enrolled doctor:	Service Provider ID (SPID):
Date of vaccination:	

Part B: Vaccination Information of Students

Mode of Vaccine Supply	Government Supply Vaccine Mode	Doctor Supply Vaccine Mode
Dose	<input type="checkbox"/> 1st dose <input type="checkbox"/> 1st dose (<i>second visit, only applicable to Primary and Secondary School</i>) <input type="checkbox"/> 2nd dose (<i>Only applicable to KG/CCC and Primary School</i>)	<input type="checkbox"/> 1st dose <input type="checkbox"/> 1st dose (<i>second visit, only applicable to Primary and Secondary School</i>) <input type="checkbox"/> 2nd dose (<i>Only applicable to KG/CCC and Primary School</i>)
Type of vaccine and total no. of consented students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students
Type of vaccine and total no. of vaccinated students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students

Part C : Vaccination Information of Non Student (Please only fill in vaccine recipients who are eligible for vaccination subsidy*)

Mode of Vaccine Supply	<input type="checkbox"/> Vaccination team has provided their own vaccine for school staffs and family member of the students on the vaccination day with/without charges.
Type of vaccine and total no. of vaccinated persons	<input type="checkbox"/> Injectable Vaccine: _____ eligible vaccine recipients <input type="checkbox"/> Nasal Spray Vaccine : _____ eligible vaccine recipients

*For more details on the eligibility of the vaccination subsidy, please visit

<https://www.chp.gov.hk/en/features/107880.html>

Fill in by medical organization staff				Fill in by school staff			
Signature	:			Signature	:		
Name	:			Name	:		
Post	:			Post	:		
Contact No.	:		Clinic Chop	Contact No.	:		School Chop