2025/26 Seasonal Influenza Vaccination School Outreach Programme (SIVSOP)

Schools' Guide for Secondary Schools, Primary Schools, Kindergartens, Kindergarten-cum-Child Care Centres and Child Care Centres

Applicable to both "Government Supply Vaccine Mode" and "Doctor Supply Vaccine Mode"

Updated in August 2025

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Schools' Guide for 2025/26 SIVSOP

DISCLAIMER

This Schools' Guide for 2025/26 Seasonal Influenza Vaccination School Outreach

Programme (SIVSOP) illustrates the roles and responsibilities of the participating schools

when collaborating with the Department of Health (DH)/ private medical organisations to

provide outreach vaccination to students at schools.

The contents of this Guide will be updated from time to time for schools' reference.

Please refer to the latest version at the following link

(https://www.chp.gov.hk/files/pdf/schoolguide eng.pdf). If you have any comments or

questions, please contact Programme Management and Vaccination Division (PMVD), DH,

at 2125 2128.

The English version shall prevail in case of any discrepancy or inconsistency between

the English and Chinese versions.

Centre for Health Protection,

Department of Health,

The Government of Hong Kong Special Administrative Region of the People's Republic of China

August 2025

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1. Introduction

Vaccination is one of the most effective ways to prevent seasonal influenza and its complications. In order to lower the risks of serious complications and hospitalisation from seasonal influenza infection, the Government has been providing subsidised/ free seasonal influenza vaccination (SIV) to eligible children/ adolescents aged 6 months to less than 18 years (or aged 18 years or above but attending secondary schools in Hong Kong).

2025/26 SIVSOP will cover all secondary schools (SS) (including secondary section of special schools), primary schools (PS) (including primary section of special schools), kindergartens (KGs), kindergarten-cum-child care centres (KG/CCCs), and child care centres (CCCs), so as to provide seasonal influenza vaccination outreach services to students.

This Guide serves as a reference for schools. The information covers:

- Application and participation method of the Programme;
- Preparation before vaccination; and
- Arrangements on the vaccination day and upon completion of vaccination.

More information about SIVSOP including Frequently Used Forms, Presentation Materials in Briefing Sessions, Videos on Venue Setup and Temporary Storage of Clinical Waste, please refer to the webpage: https://www.chp.gov.hk/en/features/100634.html.

The vaccination teams will contact school regarding the upcoming outreach activity in due course. Please assign a responsible teacher/staff of the school to follow up with the vaccination team for the detailed arrangement. If you have any enquiries, please contact DH at 2125 2128 or your vaccination team. Please notify us as soon as possible if there is any change in the vaccination activity in special circumstances.

2. Application and Eligibility

Application

An "opt-out' approach will be adopted for the SIVSOP in 2025/26. Schools are required to indicate their preferred arrangement for the SIV school outreach activities. All school children of the participating schools can receive free or subsidized seasonal influenza vaccination, through Public-Private-Partnership (PPP) vaccination teams. There are two modes under SIVSOP, namely the "Government Supply Vaccine Mode" (formerly called the ""SIV School Outreach (Free of Charge) Programme") and "Doctor Supply Vaccine Mode" (formerly called the "Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)"). Participating schools are required to indicate their preferred mode in the Reply Form.

If schools provide SIV for their schoolchildren by other outreach mode (e.g. Residential Care Home Vaccination Programme (RVP), self-organised outreach activity which is not under DH by cooperating with doctors / medical organisation), please provide details in the Reply Form. Schools joining other outreach programme are also required to submit the students' vaccination rate to the Department of Health (DH) near the end of season.

If schools decided not to participate in any SIV school outreach activity, please state the reason of not participating in the Reply Form, and pay attention to the following:

- 1. The DH will continue to upload "List of schools/child care centres not arranging SIV school outreach" on the Center for Health Protection Website, so as to remind parents to bring their children to receive SIV as soon as possible.
- 2. Schools are required to issue a parent letter to appeal parents for the self-arrangement of SIV for their children. Nevertheless, issuing the parent letter cannot replace conducting the school outreach activity.
- 3. Schools are required to complete a survey on collecting their students' vaccination rate near the end of the season.

Furthermore, to encourage students to receive SIV, the DH will continue to launch the "SIV School Outreach Commendation Scheme" in 2025/26. Participating schools with outstanding student vaccination rate will be awarded a certificate of commendation. The list of awardees will be uploaded to the CHP' website as an encouragement.

All schools should reply the DH for the preferred mode for the Programme, either through Self-selection of Doctors or by DH-matching. For schools joining the Programme through Self-selection of Doctors, they may choose a doctor/ medical organisation from the list posted on the Centre for Health Protection website (https://www.chp.gov.hk/en/features/100634.html). Application results will be released by phrase.

Eligibility

All students attending the participating SS, PS, KGs, KG/CCCs, or CCCs and who have not received SIV in the 2025/26 season are eligible for free or subsidized SIV under the Programme. Those under the age of 9 who have never received SIV before are eligible to receive two doses of free SIV with a minimum interval of 4 weeks.

Starting from 2025/26, eHealth registration is mandatory for eligible students aged 18 years or above in order to receive SIV. Vaccine recipient can register eHealth in the consent form.

Parents/ guardians of the students must fill in and sign the consent forms; and consent to provide students' personal data to the Government or other relevant healthcare personnel.

Remarks

Apart from students, medical organization can provide their own vaccine for school staffs and family members of the students on the vaccination day with/without charges. However, the Government will only provide subsidy to the eligible group of the "Vaccination Subsidy Scheme". Those who are not eligible may participate at their own expense. For more details on the eligibility of the vaccination subsidy, please visit https://www.chp.gov.hk/en/features/107880.html

This School Guide is applicable to both "Government Supply Vaccine Mode" and "Doctor Supply Vaccine Mode"

Schools and doctors/ medical organisations should **stay clear of** engaging in any **improper financial or profitable transactions** during the participation of the 2025/26 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) and/ or VSS School Outreach (Extra Charge Allowed) Programme.

3. Timeline for Preparation by Schools

3.1 Preparation before 1st dose1 of Seasonal Influenza Vaccination

A general timeline of the preparation before the vaccination is provided as below for your reference.

Date	Preparatory Work		
By July 2025	1. Confirm the 1 st and 2 nd dose (if any) vaccination dates with the		
	vaccination team and inform the PMVD		
	➤ Proposed schedule: 1 st dose (Oct to Dec), 2 nd dose (recommended		
	to be at least 6 weeks apart to allow logistic preparation for the 2 nd		
	dose, before the end of Jan 2026)		
End of August	2. Check and receive the Consent Forms delivered to the school directly		
to September	from the printing agent.		
Before the	3. Distribute the <i>Consent Forms</i> (Appendix 1/2/3) to the parents/		
vaccination day	y guardians.		
	➤ When distributing to parents, school staff please inform parents:		
	(i) The date of SIV vaccination; and		
	(ii) The date for school to collect the consent forms		
Before the	4. Collect and check the signed Consent Forms to ensure they have been		
vaccination day	completed fully. Samples of the Consent Forms can be seen in		
	Appendix 1/2/3.		
(Recommend at	5. Separate the <i>Consent Forms</i> into:		
least 4 weeks)	(i) Consent for vaccination; and		
	(ii) Not consent for vaccination		
	6. Sort out the <i>Consent Forms</i> for vaccination by class and class no. in		
	ascending order (vaccination teams will arrange staff for collection at		

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¹ Children under 9 years of age who have never received any SIV before are recommended to receive 2 doses of SIV. Children below 9 years of age who have received at least one dose of SIV before are recommended to receive one dose of SIV. For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

- school). The **Not consent** forms are to be retained for your school's record.
- 7. Complete **2 copies** of *The Number of Students Consented to Vaccination of Each Class* (Appendix 4).
- 8. Vaccination teams will contact participating schools, arrange staff to collect Consent Forms (Appendix 1/2/3) for vaccination and the form of *The Number of Students Consented to Vaccination of Each Class* (Appendix 4), and complete the *Consent Forms Receipt Note* (Appendix 5).
- Please fax a copy of The Number of Students Consented to Vaccination of Each Class (Appendix 4) to the Programme Management and Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within ONE working day after collection of Consent Forms (at least 6 weeks before the vaccination date).
- 10. Assist vaccination teams in verifying the particulars of the students listed in the *Consent Forms*.
- 11. Liaise with the vaccination team regarding the issues on the vaccination day, which includes:
 - > Starting time, logistics, manpower and venue setup
 - The temporary storage of clinical waste (See Section 4)
 - Management of Emergency Situation (See Figure 1)
 - Arrangement of Health talk/ Provision of hotlines to the School
 - School suspension arrangement (e.g. inclement weather, communicable disease outbreak, etc.)

2 to 3 weeks before the vaccination day

- 12. Observe for any conditions that may affect the number of students to receive vaccination, e.g. infectious diseases outbreak or other sudden incidents/ special activities which cause consented students being not able to receive the vaccines on the vaccination day. If any, please inform vaccination teams as soon as possible.
- 13. Reserve the venue, resources and manpower, including:
 - (i) Hall or spacious venues, e.g. multipurpose room
 - (ii) Tables, chairs, mattresses, and rubbish bins for use on the vaccination day
 - (iii) **Lockable cabinet(s)** for temporary storage of sharps boxes (size 26 x 25 x 17 cm each)
 - (iv) Teachers who accompany students to the venue
 - (v) School staff/ workers/ volunteers who assist vaccination
- 14. Check with the vaccination team to arrange temporary storage of clinical waste at the school until collection of clinical waste if the waste could not be collected or delivered on the date of vaccination. Please refer to Section 4 for more details.
- 15. There are videos on venue set up and temporary storage of clinical waste for reference. Please refer to the link below at: https://www.chp.gov.hk/en/features/101928.html

1 week before the vaccination day

- 16. Vaccination team will send the *Consented (Seasonal Influenza Vaccination) Student List- First Dose* (Appendix 6) to school.
- 17. Distribute the *Notice to Parents on Seasonal Influenza Vaccination-First Dose* (One Week before the 1st dose of Vaccination Day) (**Appendix 7**) according to the Consented Student list
 - Remind parents to inform the school immediately if students have received the 2025/26 Seasonal Influenza Vaccine after 1 September 2025
 - Remind students to bring the old Seasonal Influenza Vaccination

 Card (Appendix 13), if any, on the vaccination day
 - Remind students to have breakfast on the vaccination day

>	Arrange all consented students to wear clothes that the arm of
students can be exposed easily for vaccination (if receiving	
	injectable vaccine)

3.2 Arrangement of the 1st dose Vaccination Day

A general timeline is provided below for your reference. See Figure 1 for the details.

Date	Preparation and Arrangement	
On the	Before the start of vaccination activity:	
vaccination day	1. Confirm the venue, resources, and manpower are ready (See Pt. 13 under Section 3.1).	
	2. The vaccination team will be responsible for arranging the vaccine delivery/receiving vaccines at school. Please support the vaccination team to arrange a safe and cool area for vaccine storage.	
	3. If the consented students cannot have vaccination due to individual circumstances, e.g. absence, sick leave, etc., please fill in <i>List of Students Withheld Vaccination on the Vaccination Day</i> (On the Vaccination Day) (Appendix 8) and submit to the vaccination team before the vaccination activity starts.	
	During vaccination activity:	
	4. Responsible teachers should only arrange and accompany the consented students to the venue for vaccination, assist in identifying students and monitor the queue. Extra precaution should be exercised to identify students who may have similar surname or given names, and students' parents should be contacted for confirmation if in doubt. (For KG/ CCC: Remind teachers that students need to wear their name badges or bring their handbooks or student cards with photos for identification).	

- 5. Distribute the signed *Consent Forms* to each student and arrange them to line up for vaccination.
- 6. After completing the vaccination, the teacher guides the students to the observation area. Students can leave the vaccination venue 15 minutes after the vaccination if they show no signs of discomfort.

Upon completion of vaccination:

- 7. After vaccination, vaccination team would **pass** the following documents to teachers:
 - Consented (Seasonal Influenza Vaccination) Student List-Second
 Dose (Appendix 9)
 - Seasonal Influenza Vaccination Information on Side effects
 (Appendix 11)
 - Seasonal Influenza Vaccination Information on Side effects and 2nd dose Arrangement (Appendix 12)
 - > Seasonal Influenza Vaccination Card (Appendix 13)
 - Notification to Parents-Seasonal Influenza Vaccination Has Not Been
 Given (Appendix 14)

Please distribute the corresponding documents to the students according to the following situation:

- (i) Students who require 2nd dose of SIV Vaccination (For PS and KG/CCC only)
 - The Vaccination team should provide a Consented (Seasonal Influenza Vaccination) Student List-Second dose (Appendix 9) to the school staff
 - Please base on the above list and distribute Seasonal Influenza Vaccination Information on Side Effects and 2nd dose Arrangement (Appendix 12) to the relevant students

- ➤ Keep their Seasonal Influenza Vaccination Card (Appendix 13) in school (for distribution after completing the 2nd dose of SIV vaccination)
- (ii) Students who do not require 2nd dose of Seasonal Influenza Vaccination
 - ➤ Distribute Seasonal Influenza Vaccination Card (Appendix 13)
 - ➤ Distribute Seasonal Influenza Vaccination Information on Side Effects (Appendix 11)
- (iii) Students withheld Seasonal Influenza Vaccination on the vaccination day
 - ➤ Distribute Notification to Parents Seasonal Influenza Vaccination

 Has Not Been Given (Appendix 14)
- The responsible teacher confirms with the vaccination team and completes Student Vaccination Report (On Vaccination Day) (Appendix 15). Then fax to DH within one working day after completion of each vaccination activity.

Figure 1. A Schematic Diagram Illustrating an Example of Vaccination Venue Setup and Logistics on the Vaccination Day

Registration Counter

- ✓ Submit a List of Students Withheld Vaccination on the Vaccination Day to the vaccination team
- ✓ Teachers receive the *Consent*Forms from Registration Counter





Waiting Area

- ✓ Assist students in lining up in ascending class numbers
- ✓ Distribute the *Consent Forms* to students



Vaccination Area

- ✓ School staff/ workers/ volunteers assist in holding students
- ✓ Vaccination team provides vaccination to students







Observation Area

✓ Students can leave the vaccination venue 15 minutes after vaccination if they show no signs of discomfort







Treatment Area

Vaccination may cause serious adverse reactions; therefore mattress is prepared for emergency assessment and management if needed





3.3 Arrangement of the 2nd dose Vaccination Day

(Applicable for primary schools and KG/CCCs only)

Children under **9 years of age** who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of SIV with a minimum interval of 4 weeks. Under SIVSOP, it is advisable to arrange the 2nd dose activities 6 weeks apart to allow more time for preparation for the 2nd dose. Preparation and arrangement of the 2nd dose vaccination are similar to that of the 1st dose. Fewer students are expected in the 2nd dose. Parents do <u>not</u> need to sign the *Consent Forms* again.

A general timeline is provided below for your reference. See Figure 1 for the details.

Date	Preparation and Arrangement		
1 week before	. The vaccination team should provide a Consented (Seasonal Influenza		
the vaccination	Vaccination) Student List-Second dose (Appendix 9) to school staff		
day	upon completion of the 1st dose vaccination activity. Please check with		
	the vaccination team if any updates are required.		
	2. Distribute the Notice to Parents on Seasonal Influenza Vaccination-		
	Second Dose (One Week before the 2 nd dose of Vacciantion Day)		
	(Appendix 10) according to the Consented Student List.		
	➤ Inform school and vaccination team immediately if students had		
	received 2 nd dose of 2025/26 Seasonal Influenza Vaccine after 1		
	September 2025.		
	Remind students to bring an old Seasonal Influenza Vaccination		
	Card, if any, on the vaccination day.		
	Remind students to have breakfast on the vaccination day.		
	> Arrange all consented students to wear clothes so that the arm of the		
	students can be exposed for vaccination (if receiving injectable		
	vaccine).		
On the	3. Similar to the arrangement on the day of 1 st dose vaccination activity		
vaccination day			

Upon completion of vaccination:

4. Vaccination team will provide the following documents to the teacher. Please distribute the corresponding documents to the students according to the following situation:

i) Students completed 2nd dose of Seasonal Influenza Vaccine

- ➤ Distribute Seasonal Influenza Vaccination Card (Appendix 13)
- Distribute Seasonal Influenza Vaccination Information on Side
 Effects (Appendix 11)

ii) Students withheld vaccination on the vaccination day

- ➤ Distribute Notification to Parents Seasonal Influenza Vaccination

 Has Not Been Given (Appendix 14)
- 5. The responsible teacher confirms with vaccination team and completes Student Vaccination Report (On Vaccination Day) (Appendix 15). Then fax to DH within one working day after completing each vaccination activity.

4. Temporary Storage of Clinical Waste

4.1 Preparation for Temporary Storage of Clinical Waste

The vaccination team would arrange schedule of collecting clinical waste on the same day as far as possible. In case the clinical waste cannot be collected at the end of activities, vaccination team would liaise with the school **two weeks** before the vaccination day to arrange temporary storage of clinical waste until collection by a licensed clinical waste collector.

Vaccination team would liaise with licensed clinical waste collectors for collection and inform the school of the arrangement.

- i. Secondary School Outreach: clinical waste to be collected within 2 weeks after
 1st dose activity
- ii. Primary School Outreach: clinical waste to be collected within 2 weeks after each of the 1st and 2nd dose activity
- iii. KG/CCC Outreach (and schools located in remote areas and on islands): clinical waste to be collected within 2 weeks after the 2nd dose activity.

Vaccination Team should affix a label on each clinical waste container requiring temporary storage (see Figure 2).



Figure 2. Example of a Labelled Clinical Waste Container

Name of doctor	Dr XXX
Name of medical organisation	XXX Clinic
Emergency contact no.	XXXX-XXXX
Address of clinical waste generation	XXX School, XXX Estate
Premises code	PC02/XX/XXXXXXXXXXX
Date of sealing	DD/MM/YYYY
Clinical waste symbol	CLINICAL WASTE 醫療廢物

4.2 Specifications of Cabinet for Temporary Storage of Clinical Waste

The school <u>must</u> provide lockable cabinet(s) for the temporary storage of the sharps boxes (size 26 x 25 x 17 cm each) (See Figure 2). The temporary storage area should be a cabinet for storage of clinical waste only, accessible by authorized persons only, away from the area of food preparation and storage, and properly locked and labelled.

A clinical waste warning sign and a label showing (1) name of the responsible doctor, (2) name of medical organisation (3) emergency contact number and (4) premises code should be affixed on the door of the storage area (see Figure 3).

- The cabinet must be located in a covered place unaffected by weather
- ➤ Depending on the number of vaccinated students and vaccination, the cabinet should be able to contain about 6-8 sharps boxes



Figure 3. Example of Warning
Sign and Label on Temporary Storage
Cabinet

	Name of doctor	Dr XXX
	Name of medical organisation	XXX Clinic
\	Emergency contact no.	XXXX-XXXX
	Premises code	PC02/XX/XXXXXXXXXXX
	Clinical waste warning sign	CAUTION CLINICAL WASTE 小 心 醫療廢物

4.3 Handover of Clinical Waste (Sharps Box)

- ➤ The vaccination team should fill in the *Clinical Waste Temporary Storage Handover Note* (Appendix 16) (Figure 4) when transferring the clinical waste to the school staff.
- The school staff has to fill in his/ her name, post and contact number; to sign and stamp the school chop on the *Clinical Waste Temporary Storage Handover Note* (Appendix 16) (Figure 4).
- ➤ Both the vaccination team and the school should keep a copy of the completed form *Clinical Waste Temporary Storage Handover Note* (Appendix 16) for record.

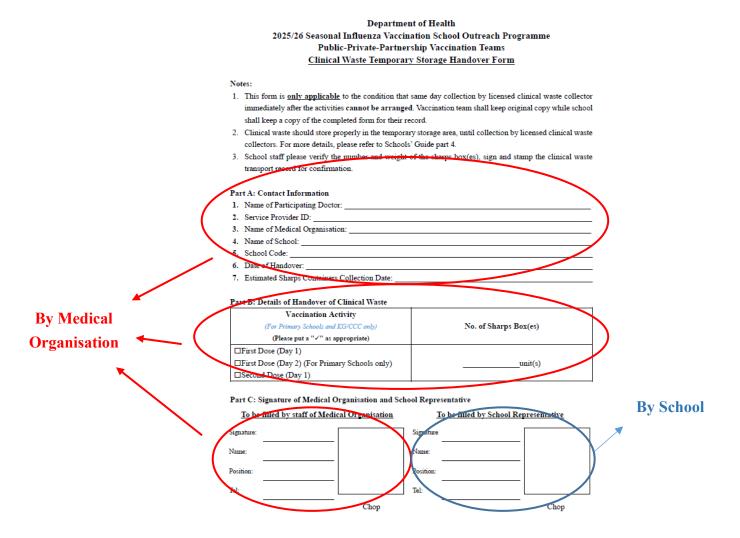


Figure 4. Clinical Waste Temporary Storage Handover Note

4.4 Collection of Clinical Waste

Upon collection, school staff and clinical waste collector should confirm the quantity and weight of sharps boxes. School staff should sign on the *Clinical Waste Trip Ticket* (Appendix 17) (Figure 5).

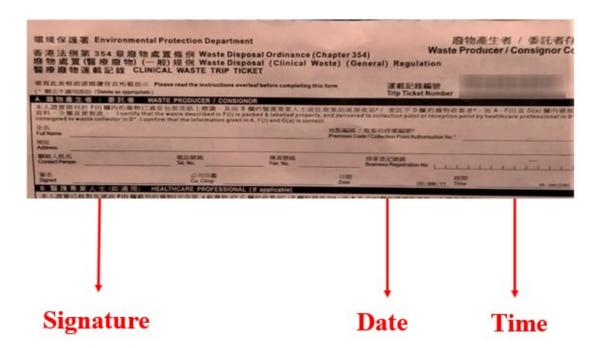


Figure 5. Clinical Waste Trip Ticket

5. Additional Points-to-Note regarding Hybrid Mode

For schools opting for Hybrid Mode (i.e. providing both IIV and LAIV)

1. Overall arrangement

- The overall arrangement is similar to previous arrangement. Please refer to the Schools' Guide for details.
- Additional points-to-note regarding hybrid mode are described below.

2. Distribution of information sheets and consent forms

- Please note that hybrid mode *Consent Forms* (blue consent form) is to be used.
- Schools may also issue a "Notice to Parents/Guardians" <u>together with the consent</u> <u>forms</u> to parents, or by other means to inform parents of the following information:
 - i. The date of 1st dose of SIV vaccination (for IIV and LAIV); and
 - ii. The date for school to collect the consent forms

3. Collection of consent forms and handing over to HMOs

- Separate the Consent Forms into:
 - Consent for IIV
 - Consent for LAIV
 - Not Consent for vaccination
- Sort out the Consent Forms for vaccinations of the two groups (IIV/ LAIV) by class and class no. in ascending order (vaccination teams will arrange staff for collection at school). The NOT consent forms are to be retained for your school's record.

4. Liaison with HMO and date of vaccination activity

- Confirm the 1st and 2nd dose (if any) vaccination dates with HMO
- Proposed schedule: 1st dose (Oct to Dec), 2nd dose (recommended to be at least 6 weeks apart to allow logistic preparation for the 2nd dose, before the end of Jan 2026)
- Vaccination activity could be arranged in the same vaccination session with segregation (i.e. different locations in school), same day with different sessions (i.e. AM or PM session) or different days (i.e. two separate days providing IIV and LAIV respectively).

5. Selection of vaccination venue

• If the outreach activity is arranged in the same vaccination session with segregation (i.e. different locations in school), please ensure that the students could reach the correct vaccination venue and avoid mixing up students receiving different vaccine.

6. On day of activity

- Before the start of vaccination activity, especially if both IIV and LAIV are provided in the same session/ day:
- (i) Confirm the venue(s), resources, and manpower are ready
- (ii) Support the vaccination team for vaccine delivery by arranging a safe and cool area for vaccine storage

7. During vaccination activity

- Segregation measures (especially if both IIV and LAIV are provided in the same session):
- (i) Teachers should only arrange and accompany the consented students to the venue for vaccination, assist in identifying students and monitor the queue. Under hybrid mode, consented students should be <u>separated into two groups</u>: <u>consented for IIV</u> and consented for LAIV.
- (ii) Students opted for IIV and LAIV should be bought to designated vaccination booth respectively.
- (iii) Distribute the specific signed Consent Forms to each student and arrange them to line up for vaccination.
- (iv) After completing the vaccination, the teacher guides the students to the observation area under two groups: Vaccinated with IIV & Vaccinated with LAIV. Students can leave the vaccination venue 15 minutes after the vaccination if they show no signs of discomfort.

8. Upon completion of vaccination

• Ensure the distribution of corresponding documents to students with respect to receiving IIV/LAIV (e.g. Information on Side Effects, vaccination card, etc).

5.1 Notice to Parents – Organize Hybrid Mode Vaccination Activities

Notice 2025/26 Seasonal Influenza Vaccination School Outreach Programme (Date of issue)			
To: Parents/ Guardians,			
To increase Seasonal Influenza Vaccin	nation (SIV) uptake in school children,		
the Department of Health (DH) is	launching the Seasonal Influenza		
Vaccination School Outreach Program	nme in the School Year 2025/26. The		
school which your child is attending	has joined this Programme. DH will		
arrange vaccination team (by DH or	through medical organization under		
public-private partnership) to provide	e seasonal influenza vaccination at		
your child's school. Details are as fol	lows:		
Date	Type of Vaccine Available*		
	Injectable Vaccine		
	Nasal Spray Vaccine		
*Choose either one type of vaccine for vaccination			
Please read the information in Annex of the Consent Form carefully and			
$\underline{\mathbf{complete the \ Consent \ Form}}\ (Part\ I\ to\ Part\ III)\ and\ \underline{\mathbf{return\ it\ to\ the\ school}}$			
by	(date). Late submission may not be		
accepted.			

Principal/Teacher in charge: _____

6. Useful Form

The updated useful forms are downloadable in the following link:

https://www.chp.gov.hk/en/features/100782.html

Samples of the above useful forms are included in Appendix for easy reference.

Stage	Code	Document title
Enrolment &		
Selection of Doctor/		Enrolment Form Supplementary Form
Medical Organisation		
		The Number of Students Consented to Vaccination of Each Class
	SIVSO_S_A1(KG)	- For KG/ CCC
	SIVSO_S_A1(PS)	- For Primary School
		- For Filliary School
	SIVSO_S_A1(SS)	- For Secondary School
		Notice to Parents One Week before the First Dose of Vaccination Day
	SIVSO_S_A2	-Sample For Primary School & KG/CCC
		-Sample For Secondary School
	SIVSO_S_A3	Notice to Parents One Week before the Second Dose of Vaccination Day (Sample)
		Seasonal Influenza Vaccine Consent Form
Before vaccination		- Injectable Vaccine
		- Nasal Spray Vaccine
		- Injectable Vaccine or Nasal Spray Vaccine
		Vaccine recipient has already registered eHealth
		Vaccine recipient has not registered or is unsure of his or her eHealth
		registration status
	Consent Form Sample	- Vaccine recipient aged 18 or above
		- Vaccine recipient between the age of 16 and less than 18 years
		- Vaccine recipient aged under 16, or aged 16 or above but incapable of
		giving consent
	SIVSO_D_A2	Consent Forms Receipt Note
During vaccination	SIVSO_S_B1	List of Students Withheld Seasonal Influenza Vaccination
		Seasonal Influenza Vaccine Information on Side Effects
	SIVSO_D_C2	- Injectable Vaccine
	SIVSO_D_C2(LAIV)	- Nasal Spray Vaccine
		Seasonal Influenza Vaccine Information on Side Effects and 2 nd Dose
	SIVSO_D_C2(2 nd)	Arrangement
After Vaccination	SIVSO_D_C2(LAIV)(2 nd)	- Injectable Vaccine
		- Nasal Spray Vaccine
	SIVSO_S_C1	Student Vaccination Report (on Vaccination Day)
	SIVSO_D_C4	Seasonal Influenza Vaccination Card
	SIVSO_D_B2	Clinical Waste Temporary Storage Handover Note
	1	

Appendix Forms from CHP website

(https://www.chp.gov.hk/en/features/100782.html)

Appendix 1 Consent Form – 2025/26 Seasonal Influenza Vaccination School

Outreach Programme- Injectable Vaccine (Inactivated)

Seasonal Influenza Vaccination School Outreach Programme – Consent Form INJECTABLE VACCINE			
POINTS TO NOTE:	VACCINE		
	ne form in BLOCK LETTERS with a blue or black pen and put "✓"		
into the appropriate box(es) and * delete as appropriate.	in the management of the per management of t		
	NSENT/ REFUSAL - INJECTABLE VACCINE) shall be completed		
,	accine recipient is aged below 18 or aged 18 or above but incapable of		
	ov.hk/en/features/17980.html and on Seasonal Influenza Vaccination		
("SIV") in the Annex before you sign this form.			
	eted and signed by Substitute Decision Maker (SDM) if the vaccine		
recipient is aged below 16 or aged 16 or above but incapable of gi	iving consent. Please read the information on eHealth including the		
Participant Information Notice and Personal Information Collection	n Statement carefully.		
 If there is any inconsistency or ambiguity between the English vers 	sion and the Chinese version, the English version shall prevail.		
Interpretation:			
"Government" means the Government of the Hong Kong Special			
	ion School Outreach Programme, the Registered Medical Practitioner		
whose application to enrol in the programme has been accepted by			
"Registered Medical Practitioner" has the meaning given to it in l			
"Substitute Decision Maker" has the meaning given to it in Electron			
	he administration of such Vaccine to a vaccine recipient during the		
Vaccination Period.			
Part I 【Vaccine Recipient Information】			
1. VACCINE RECIPIENT INFORMATION			
Student's Full Name (as indicated in identity document) Suma	me		
	Name Name		
Date of Birth: L DD/ L MM/ L YYYY Gend	ler: 🗆 Male 🗆 Female		
Hong Kong Birth Certificate (HKBC) number :			
If your child does not have HKBC, please fill in information based of	on (1) or (11) below:		
(i) Hong Kong Identity Card No.: LLJ LLLLLL ((ii) Other Identity Document, please specify:		
AND Date of Issue: L DD/ L MM/ L YY	Document Type:		
ALO Date of Issue. CES DD/ CES NEW CES 11	Document No.:		
	AND attach a copy of the document to this consent form		
School which student attends ("School"):			
	Class: Class No.:		
2 VACCINATION PECOPD			
2. VACCINATION RECORD			
Have you/ has your child/ ward as the vaccine recipient received seaso	_		
	□ No		
Part II 【Consent》 Refusal – Injectable Vaccine】			
□ CONSENT			
	- i. 6 i i i i i i -		
I have read and understood the information in the Annex, includin Influenza Vaccines"), their contraindications, the Undertakings and D	g information on injectable seasonal influenza vaccine ("Seasonal		
Data. I AGREE for myself/my child/ ward (named above) to r	receive the seasonal influenza vaccination (1st AND 2nd doses^) as		
arranged by the Government in year 2025/ 26 and declare that	I/ my child/ ward (named above) does NOT have ANY of the		
contraindications of the chosen type of vaccine as stated in Annex.			
vaccination team arranged by the Department of Health (DH) for ve			
influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.]			
□REFUSE			
I have read and understood the information in Annex, including information on seasonal influenza vaccines, their contraindications, the			
Undertakings and Declarations and the Statement of Purposes of Collection of Personal Data, and DISAGREE for myself/my child/			
ward (named above) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH) in year 2025/26.			
N 6 M J D J. J. J. (D J			
Name of Vaccine Recipient / Parents/ Guardian*: Relationship with Vaccine Recipient: (If applicable)			
	□ Father □ Mother □ Guardian		
Identity Document of Parents/ Guardian:	Contact Telephone No. (with prefix 4/5/6/7/8/9):		
☐ Hong Kong Identity Card No.:	The state of the press with the pres		
Flore III the Property of the Control of the Contro			
Signature of Vaccine Recipient / Parents/ Guardian*;			
Document Type: (or finger print if illiterate#) Document No.: \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Date of Signature:			

# Witness should complete the following if the vaccine recipient has mental capacity but is illiterate:			
This document has been read and explained to the vaccine recipient in m			
•			
Signature of Witness:	Name of Witness:		
Hong Kong Identity Card No. : (only the alphabet and the first three digits are required)			
Contact Telephone No.:	Date of Signature:		
Please note: (i) If you/ your child/ ward (applicable to consented students) has/have received.	ed the 2025/ 26 STV before this outreach activity, please inform the school		
immediately. (ii) If you/ your child/ ward miss/misses the vaccination at school, no mop-up de			
(ii) If vaccine recipient is an individual with bleeding disorders or on a	rination.		
family doctor for advice and visit any private doctor enrolled in the "Vac			
Part III [Consent to Register eHealth]			
☐ Vaccine recipient has already registered eHealth.			
☐ Vaccine recipient has not registered or is unsure of his or her eHealf to the vaccine recipient's age)	h registration status. (Please fill in Part III (a) or (b) or (c) according		
The following part is applicable to a person who has not registered	with eHealth, or is unsure of his or her eHealth registration status		
(a) Vaccine recipient aged 18 or above	<u>'e</u>		
eHealth registration is a prerequisite for all vaccine recipients aged	18 or above		
To be completed and signed by vaccine recipient aged 18 or above			
I have read and understood the "Participant Information Notice" a and I AGREE to register with eHealth, which enables author	and "Personal Information Collection Statement" of eHealth ised healthcare providers to obtain and share my eHealth records for		
healthcare purposes.			
Signature of Vaccine Recipient: Mobile Number for receiving system notifications (with prefix 4/5/6/7/8/9):			
(b) Vaccine recipient between the age	e of 16 and less than 18 years		
To be completed and signed by vaccine recipient between the age of	16 and less than 18 years		
☐ I agree			
I have read and understood the "Participant Information Notice" and I AGREE to register with eHealth, which enables author			
for healthcare purposes.	ised heatingare providers to obtain and share my exteanin records		
☐ I disagree	100 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Thave read and understood the "Participant Information Notice": DISAGREE to register with eHealth.	and "Personal Information Collection Statement" of eHealth and I		
-	for receiving system Date of Signature: refix 4/5/6/7/8/9):		
nouncations (with p	reina 4 3 of 11 of 2).		
(a) Vassina vasiniant agad unday 16, ay agad 16 ay abaya but iyaanabla			
(c) Vaccine recipient aged under 16, or aged 16 or above but incapable			
of giving consent			
To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian) (Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)			
☐ I agree			
I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on			
behalf of the healthcare recipient (HCR) AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share the HCR's eHealth records for healthcare purposes.			
☐ I disagree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth			
and on behalf of the healthcare recipient (HCR) DISAGREE to register with eHealth.			

Substitute Decision Maker's Surnar English:	me in	Substitute Decision English:	n Maker's First Name in	Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9):			
Substitute Decision Maker's HK Id Card No.:	entity	For non HK Identi document	ty Card holder, please fill in information of other identity				
		Document Type:		Document No.:			
Relationship with vaccine recipient	:						
Vaccine recipient aged under 16 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court *							
Usccine recipient aged 16 or above but incapable of giving consent Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court [±]							
Signature of Substitute Decision Ma	aker:		Date of Signatures				
Part IV To Be Filled In B	y The Va	ccination Staff					
<u>First Dose</u> Vacc	ination Day	1	(Only applicable to students w	ose Vaccination Day nder nine years old who have never received influenza vaccination before)			
☐ Seasonal influenza vaccination (SI	V) was provi	ided to the student	☐ Seasonal influenza vaccin	ation (SIV) was provided to the student			
☐ SIV was <u>NOT</u> provided to the stud	lent as the st	udent:	☐ SIV was <u>NOT</u> provided to				
was absent from school refused vaccination			was absent from school refused vaccination	1			
had discomfort			had discomfort				
O others (please specify:			O others (please specify:				
Signature of Vaccination Staff:			Signature of Vaccination S	taff:			
Name of Private Doctor:	Dr.	1 4	Name of Private Doctor:	Dr.			
Date of Activity:			Date of Activity:				
Part V [Undertakings and	Declarat	ions]					
I declare the information pr up-to-date, true, accurate ar				provided by me to the Government is			
2. I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy.							
3. For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/my ward's personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data".							
	ernment sha			he Hong Kong Special Administrative tion of the courts of the Hong Kong			
5. I have read this consent for	m carefully	and fully understoo	od my obligations and liabil	ity under this consent form.			

Appendix 2 Consent Form – 2025/26 Seasonal Influenza Vaccination School

Outreach Programme -Nasal Spray Vaccine (Live Attenuated)

Seasonal Influenza Vaccination School C						
NASAL SPRA	Y VACCINE / 🚳					
POINTS TO NOTE:	A I DIOCULIDATEDO MA					
·	he form in BLOCK LETTERS with a blue or black pen and put "✓"					
into the appropriate box(es) and * delete as appropriate.	TOPATE DEPTIE AT ALACAT CDD AND ACCORDANGE AND A LINE A					
	ISENT/REFUSAL - NASAL SPRAY VACCINE) shall be completed					
	accine recipient is aged below 18 or aged 18 or above but incapable of					
	ov.hk/en/features/17980.html and on Seasonal Influenza Vaccination					
("SIV") in the Annex before you sign this form. • Part III (CONSENT TO REGISTER eHEALTH) shall be completed.	and and almost has Substitute Desirion Malon (SDM) (64b) annothing					
-	eted and signed by Substitute Decision Maker (SDM) if the vaccine					
Participant Information Notice and Personal Information Collection	iving consent. Please read the information on eHealth including the					
If there is any inconsistency or ambiguity between the English versions.						
Interest any inconsistency of amoiguity between the English vers Interpretation:	ion and the Chinese version, the English version shall prevail.					
"Government" means the Government of the Hong Kong Special	Administrative Pagion of the Popula's Populais of China					
	ion School Outreach Programme, the Registered Medical Practitioner					
whose application to enrol in the programme has been accepted by						
"Registered Medical Practitioner" has the meaning given to it in						
"Substitute Decision Maker" has the meaning given to it in Electr						
	he administration of such Vaccine to a vaccine recipient during the					
Vaccination Period.	he administration of such vaccine to a vaccine recipient during the					
Part I [Vaccine Recipient Information]						
1. VACCINE RECIPIENT INFORMATION						
Student's Full Name (as indicated in identity document) Suma	me					
First	Name					
Date of Birth: DD/ MM/ YYYY Gend	ler: Male Female					
Hong Kong Birth Certificate (HKBC) number :						
If your child does not have HKBC, please fill in information based	on (i) or (ii) below					
(2 Harry Variety Carl May 1 1 1 1 1 1 1 1 1 1	(ii) Other Identity Demonstrations and if					
	(ii) Other Identity Document, please specify:					
AND Date of Issue: L DD/ L MM/ L YY	Document Type:					
	Document No.:					
	AND attach a copy of the document to this consent form					
	AND attach a copy of the document to this consent form					
School which student attends ("School"):						
	Class:Class No.:					
2. VACCINATION RECORD						
Have you' has your child/ ward as the vaccine recipient received seaso						
☐ Yes (Last administration date): ☐ MM/☐ ☐ YYYY)	□ No					
Part II [Consent/ Refusal - Nasal Spray Vaccine]						
□ CONSENT						
I have read and understood the information in the Annex, including						
Influenza Vaccines"), their contraindications, the Undertakings and I						
Data. I AGREE for my elf/my child/ ward (named above) to r arranged by the Government in year 2025/ 26 and declare that						
contraindications of the chosen type of vaccine as stated in Annex.						
vaccination team arranged by the Department of Health (DH) for ve	erification when necessary. [^DH will arrange 2 nd dose of seasonal					
influenza vaccine (SIV) at least 4 weeks after the 1^{st} dose for children	who are under 9 years old and have never received any SIV before.]					
□ REFUSE						
I have read and understood the information in Annex, including information on seasonal influenza vaccines, their contraindications, the						
	ollection of Personal Data, and DISAGREE for myself/my child/					
ward (named above) to receive the seasonal influenza vaccination as						
Name of Vaccine Recipient / Parents/ Guardian*:	Relationship with Vaccine Recipient: (If applicable)					
	□ Father □ Mother □ Guardian					
Identity Document of Parents/ Guardian:	Contact Telephone No. (with prefix 4/5/6/7/8/9):					
\square Hong Kong Identity Card No.: $\lfloor \bot \rfloor \ \lfloor \bot \bot \bot \bot X \bot X \bot X \rfloor (\ \lfloor X \rfloor)$						
☐ Other Identity Document, please specify:	Signature of Vaccine Recipient / Parents/ Guardian*:					
Document Type:	(or finger print if illiterate#)					
Document No.:	D . 401					
	Date of Signature:					

# Witness should complete the following if the vaccine recipient has	mental capacity but is illiterate:
This document has been read and explained to the vaccine recipient in m	y presence.
Signature of Witness:	Name of Witness:
Hong Kong Identity Card No. : (only the alphabet and the first three digits are required)	
Contact Telephone No.:	Date of Signature:
Please note: (i) If you/ your child/ ward (applicable to consented students) has/have receiv immediately. (ii) If you/ your child/ ward miss/misses the vaccination at school, no mop-up d specified programme namely "Vaccination Subsidy Scheme" for subsidised vaccinity pregnant individuals should not receive live attenuated influenza va any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive	ose will be provided at school. Please visit any private doctor enrolled in the cination. ccine (LAIV). Please consult your family doctor for advice and visit
Part III【Consent to Register eHealth】	
☐ Vaccine recipient has already registered eHealth. ☐ Vaccine recipient has not registered or is unsure of his or her eHealt to the vaccine recipient's age)	th registration status. (Please fill in Part III (a) or (b) or (c) according
The following part is applicable to a person who has not registered	with eHealth, or is unsure of his or her eHealth registration status
eHealth registration is a prerequisite for all vaccine recipients aged To be completed and signed by vaccine recipient aged 18 or above I have read and understood the "Participant Information Notice" and I AGREE to register with eHealth, which enables author healthcare purposes.	18 or above
Signature of Vaccine Recipient: Mobile Number	for receiving system Date of Signature:
notifications (with p	refix 4/ 5/ 6/ 7/ 8/ 9):
(b) Vaccine recipient between the age To be completed and signed by vaccine recipient between the age of I agree I have read and understood the "Participant Information Notice" and I AGREE to register with eHealth, which enables author for healthcare purposes. I disagree I have read and understood the "Participant Information Notice" to register with eHealth.	16 and less than 18 years and "Personal Information Collection Statement" of eHealth
Signature of Vaccine Recipient: Mobile Number	for receiving system Date of Signature: prefix 4/5/6/7/8/9):
(c) Vaccine recipient aged under 16,	or aged 16 or above but incapable
of giving consent	
To be completed and signed by the Substitute Decision Maker (SDM (Only applicable to vaccine recipient aged under 16, or aged 16 or all prerequisite for all recipients aged 18 or above, or else they are not e	bove but incapable of giving consent. eHealth registration is a
behalf of the healthcare recipient (HCR) AGREE to register and share the HCR's eHealth records for healthcare purposes. I disagree I have read and understood the "Participant Information Notice".	
and on behalf of the healthcare recipient (HCR) DISAGREE	to register with eHealth.

Substitute Decision Maker's Surr English:	name in	Substitute Decision Maker's First Name in English: Substitute Decision Maker's Mol Number (with prefix 4/ 5/ 6/ 7/ 8/						
Substitute Decision Maker's HK Card No.:	Identity	ty For non HK Identity Card holder, please fill in information of other identity document						
		Document Type:			Document	t No.:		
Relationship with vaccine recipie	nt:	'						
Vaccine recipient aged under Parents/ Family Member/ R		n/ Guardian appointed	under Gu	ardianship of Minor	Ordinance	Person appointed by court		
Vaccine recipient aged 16 of Family Member/ Residing Mental Health Ordinance/ F	Person/ Guard	lian appointed under		ealth Ordinance/ Dir	ector of Soc	cial Welfare appointed under		
Signature of Substitute Decision	Maker:			Date of Signature				
		accination Staff						
<u>First Dose</u> Va	ccination Da	У	(Only at	Second Do		ation Day s old who have never received		
			(any seasonal in				
☐ Seasonal influenza vaccination ((SIV) was prov	vided to the student	☐ Sease student	onal influenza vaccin	ation (SIV)	was provided to the		
☐ SIV was <u>NOT</u> provided to the st	tudent as the st	tudent:		was <u>NOT</u> provided to		t as the student:		
was absent from school refused vaccination			was absent from school refused vaccination					
had discomfort			O had discomfort					
O others (please specify:			O ot	hers (please specify:				
Signature of Vaccination Staff:			Signature of Vaccination Staff:					
Name of Private Doctor:	Dr.		Name o	f Private Doctor:	Dr.			
Date of Activity:			Date of	Activity:				
Part V [Undertakings an	ıd Declara	tions]						
I declare the information is up-to-date, true, accura	•				provided b	by me to the Government		
2. I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy.								
3. For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/my ward's personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data".						, date of birth and date of nart Identity Card for the		
	nd I and the G	Government shall irr				the Hong Kong Special liction of the courts of the		
5. I have read this consent f	orm carefully	y and fully understo	od my ob	ligations and liabil	ity under t	his consent form.		

Appendix 3 Consent Form – 2025/26 Seasonal Influenza Vaccination School

Outreach Programme - Injectable Vaccine OR Nasal Spray Vaccine (Hybrid Mode)

Seasonal Influenza Vaccination School O <u>INJECTABLE VACCINE</u> OR	
POINTS TO NOTE:	
 Please read the information in Annex carefully. Please complete the 	e form in BLOCK LETTERS with a blue or black pen and put "✓"
into the appropriate box(es) and * delete as appropriate.	
	CONSENT/ REFUSAL - INJECTABLE VACCINE OR NASAL
	uardian of the vaccine recipient if the vaccine recipient is aged below
	d the information at https://www.chp.gov.hk/en/features/17980.html
and on Seasonal Influenza Vaccination ("SIV") in the Annex befor	
	ted and signed by Substitute Decision Maker (SDM) if the vaccine
	ring consent. Please read the information on eHealth including the
Participant Information Notice and Personal Information Collection	
If there is any inconsistency or ambiguity between the English vers	ion and the Chinese version, the English version shall prevail.
Interpretation:	
"Government" means the Government of the Hong Kong Special	
<u>-</u>	on School Outreach Programme, the Registered Medical Practitioner
whose application to enrol in the programme has been accepted by	
"Registered Medical Practitioner" has the meaning given to it in I	
"Substitute Decision Maker" has the meaning given to it in Electron	
	e administration of such Vaccine to a vaccine recipient during the
Vaccination Period.	
Part I [Vaccine Recipient Information]	
1. VACCINE RECIPIENT INFORMATION	
Student's Full Name (as indicated in identity document) Suma	me
First	Name
Date of Birth: DD/ MM/ YYYY Gend	er: Male Female
Hong Kong Birth Certificate (HKBC) number:	
If your child does not have HKBC, please fill in information based of	
(i) Hong Kong Identity Card No.: L L (L)	(ii) Other Identity Document, please specify:
AND Date of Issue: L DD/ MM/_L YY	Document Type:
	Document No.: L
	AND attach a copy of the document to this consent form
School which student attends ("School"):	
	Class: Class No.:
2. VACCINATION RECORD	
Have you has your child ward as the vaccine recipient received seaso	
☐ Yes (Last administration date): MM/ LLL YYYY)	□ No
Part II Consent/ Refusal – Injectable Vaccine Or N	asal Spray Vaccine]
CONSENT	• • •
I have read and understood the information in the Annex, including it	contraindications the Undertakings and Declarations and the
seasonal influenza vaccine ("Seasonal Influenza Vaccines"), their Statement of Purposes of Collection of Personal Data. I AGREE	for myself/my child/ ward (named above) to receive the seasonal
influenza vaccination (1 st AND 2 nd doses^) as arranged by the Gover	nment in year 2025/ 26 and declare that I/ my child/ ward (named
above) does <u>NOT</u> have <u>ANY of the contraindications</u> of the chosen	
release the related information to the vaccination team arranged by [^DH will arrange 2 nd dose of seasonal influenza vaccine (SIV) at lea	
and have never received any SIV before.	51 4 Weeks after the 1" dose for chitaren who are under 9 years old
Type of Vaccine (choose one only): Injectable Vaccine (IIV) / Nasal Spray Vaccine (LAIV)
	irv) g
REFUSE	
I have read and understood the information in Annex, including infor	
Undertakings and Declarations and the Statement of Purposes of Coll ward (named above) to receive the seasonal influenza vaccination as	
Name of Vaccine Recipient / Parents/ Guardian*:	Relationship with Vaccine Recipient: (If applicable)
	□ Father □ Mother □ Guardian
Identity Document of Parents/ Guardian:	Contact Telephone No. (with prefix 4/5/6/7/8/9):
☐ Hong Kong Identity Card No.:	Temporar Temporary (man prema more more)
☐ Other Identity Document, please specify:	al all and a second
	Signature of Vaccine Recipient / Parents/ Guardian*:
Document Type: Document No.:	(or finger print if illiterate#)
	Date of Signature:

#Witness should complete the following if the vaccine recipient has n	nental canacity but is illiterate:
This document has been read and explained to the vaccine recipient in my	
Signature of Witness:	Name of Witness:
Hong Kong Identity Card No. : (only the alphabet and the first three digits are required)	
Contact Telephone No.:	Date of Signature:
Please note: (i) If you/ your child/ ward (applicable to consented students) has/have received immediately. (ii) If you/ your child/ ward miss/misses the vaccination at school, no mop-up dithe specified programme namely "Vaccination Subsidy Scheme" for subsidised viii) If vaccine recipient is an individual with bleeding disorders or on an receive inactivated influenza vaccines (IIV), please consult your family "Vaccination Subsidy Scheme" to receive subsidised vaccine. (iv) Pregnant individuals should not receive live attenuated influenza vacciney private doctor enrolled in the "Vaccination Subsidy Scheme" to receive	ose will be provided at school. Please visit any private doctor enrolled in raccination. ticoagulants, or currently pregnant or lactating, and would like to y doctor for advice and visit any private doctor enrolled in the cine (LAIV). Please consult your family doctor for advice and visit
Part III【Consent to Register eHealth】	
☐ Vaccine recipient has already registered eHealth.	
☐ Vaccine recipient has not registered or is unsure of his or her eHealth to the vaccine recipient's age)	registration status. (Please fill in Part III (a) or (b) or (c) according
The following part is applicable to a person who has not registere status	d with eHealth, or is unsure of his or her eHealth registration
for healthcare purposes.	nd "Personal Information Collection Statement" of eHealth rised healthcare providers to obtain and share my eHealth records
(b) Vaccine recipient between the age	of 16 and loss than 18 years
To be completed and signed by vaccine recipient between the age of I agree I have read and understood the "Participant Information Notice" a and I AGREE to register with eHealth, which enables authori for healthcare purposes. I disagree I have read and understood the "Participant Information Notice" a DISAGREE to register with eHealth.	and "Personal Information Collection Statement" of eHealth ised healthcare providers to obtain and share my eHealth records and "Personal Information Collection Statement" of eHealth and I for receiving system Date of Signature:
(a) Vassina vasiniant agad unday 16	ov aged 16 ov above but incorpable
	or aged 16 or above but incapable
	ove but incapable of giving consent. eHealth registration is a

	I disagree I have read and understood to and on behalf of the health:					ollection	1 Statement" of eHealth
Substi Englis	itute Decision Maker 's Surr		Substitute Decision English:		s First Name in		tute Decision Maker's Mobile er (with prefix 4/ 5/ 6/ 7/ 8/ 9);
Subst Card	itute Decision Maker 's HK No.:	Identity	For non HK Identi document	ity Card	holder, please fill in i	inform	ation of other identity
			Document Type:			Docum	nent No.:
Relati	onship with vaccine recipies	nt:	l		ı		
Uaccine recipient aged under 16 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court *							
	Vaccine recipient aged 16 or Family Member/ Residing I Mental Health Ordinance/ P	Person/ Guardi	an appointed under M		alth Ordinance/ Direc	tor of S	Social Welfare appointed under
Signa	ture of Substitute Decision !		a by come		Date of Signature:		
Part	IV To Be Filled In	By The Va	eccination Staff				
	<u>First Dose</u> Va	ccination Day	у		Second Do	se Vac	cination Day
				(Only ap	-		years old who have never received
□ Sea	sonal influenza vaccination (SIV) was prov	rided to the student	☐ Seaso			accination before) IV) was provided to the
				student			
	was <u>NOT</u> provided to the st was absent from school	udent as the st	rudent:	1	was <u>NOT</u> provided to as absent from school		dent as the student:
Ŏ	refused vaccination			refused vaccination			
	had discomfort others (please specify:)		d discomfort hers (please specify: _		,
_	ture of Vaccination Staff:				re of Vaccination St		
	of Private Doctor:	Dr.			f Private Doctor:	-	Dr.
	of Activity:				Activity:		
_	-			Date of	iteavity.		
Part	V [Undertakings an	d Declarat	tions]				
1.	I declare the information is up-to-date, true, accura	•				provid	ed by me to the Government
2. I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy.							
3.							
4.		d I and the G	overnment shall irr				of the Hong Kong Special risdiction of the courts of the
5.	I have read this consent for	om carefully	and fully understoo	od my ob	ligations and liabili	ity und	er this consent form.

Appendix 4 The Number of Students Consented to Vaccination of Each Class

For Kindergartens/ Kindergarten-cum-child Care Centres/ Child Care Centres

KG/CCCs Outreach

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 <u>AT LEAST 6 WEEKS</u> before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form.

team will arrange starr to collect thi together with the consent forms to	them.						
 Fax a copy of this form to the Progr Health Protection by fax at 2320 85 							
************************	*******	******	******		**********	*********	*****
K 1		A					1
Class	1						Total
No. of consented students							
Total no. of students							
K 2			/				
Class							Total
No. of consented students							1
Total no. of students							+-
К 3							
Class							Total
No. of consented students							
Total no. of students							
041							
Other classes Class	1	1					Total
No. of consented students							\top
Total no. of students							1
	_	-			<u> </u>		
Other classes							
Class							Total
No. of consented students							
Total no. of students							
	lota	il no. of s	tudents i	n school			
		Scho	ol Chop:				
SO S A1(KG)							

Last updated: May 2025

For Primary Schools

Primary School Outreach

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 <u>AT LEAST 6 WEEKS</u> 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 <u>ONE WORKING DAY</u> after passing the consent forms.

Primary 1									
Class									Total
No. of consented students									
Total no. of students									
Primary 2	•	•	•		1				
Class									Total
No. of consented students)		
Total no. of students									
Primary 3									
Class									Total
No. of consented students									
Total no. of students			1.	/					
Primary 4									
Class									Total
No. of consented students									
Total no. of students		-							
Primary 5									
Class									Total
No. of consented students									
Total no. of students									
Primary 6									
Class									Total
No. of consented students									
Total no. of students									
		•	•	•		•	•	•	•
		Tota	l no. of $lpha$	onsented	student	s:			
				ol Chop:					
			Name (of school	:				
				Date	:				

SIVSO_S_A1(PS) Last updated: May 2025

For Secondary Schools

Secondary School Outreach

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 <u>AT LEAST 6 WEEKS</u> 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 <u>ONE WORKING DAY</u> after passing the consent forms.

secondary 1	******	******	******	******	******	******	********	**********
Class	\top							Total
No. of consented students								
Total no. of students								
Secondary 2			4					
Class		Τ						Total
No. of consented students			11		/			
Total no. of students	A			/				
Secondary 3						•		•
Class								Total
No. of consented students								
Total no. of students		-						
Secondary 4			•	•		•		•
Class								Total
No. of consented students								
Total no. of students								
Secondary 5								
Class								Total
No. of consented students								
Total no. of students								
Secondary 6								
Class	\top							Total
No. of consented students								
Total no. of students								
			otal no. o	f student	in schoo	ol:		
			Name	of school	:			

SIVSO_S_A1(SS) Last updated: May 2025

Appendix 5 Consent Forms Receipt Note

To: PMVD, CHP Fax: 2320 8505	From: Name: Tel: Date:				(Name of Schools) (Contact person)
Vaccination Divisi	medical organisation on of the Centre for E collection of consent	Iealth Protec			
2025/26 Sea	asonal Influenza Vac Public-Private-Pai				
	Consent	Forms Re	ceipt Note		
This is to	o acknowledge	that the	PPP	Outreach	Team under
Dr			Name	of	Doctor) of
has collect	(Date).	(Quan	tity) C	onsent (Name	(Organisation) Forms from of School) on
Organi	of Collector and sation Chop of Outreach Team	Sign		chool Rep chool Cho	resentative pp
	of Collector of Outreach Team	Na	me of Sch	ool Repre	sentative

SIVSO_D_A2 Last updated: May 2025

Appendix 6 Consented (Seasonal Influenza Vaccination) Student List - First Dose

學校名稱	: xx學校			學校編號:	XX		班別: 1A
疫苗名稱	:1st dose Seasonal Influenza Vaccine			接種日期	28/10/20XX		
Class No. 班號	Name / 姓名	Sex 性別	DOB (DD/MM/YY) 出生日期	Vaccinated in current year?	Put a Pafter vaccination 接種後請加P號	May need 2nd dose 有可能要接種第二	Remarks
				接種?	1女1至1交6月/101 3/6	劑	備註
1	陳樑 Chan Leung	M	04/01/13	N		Y	
2	陳小明 Chan Siu Ming	F	08/11/13	N		Y	
3	陳大明 Chan Tai Ming	F	09/12/13	N		Y	
4	劉鐘明 Chan Chong Ming	M	04/08/12	N		Y	
5	陳明 Chan Ming	M	31/12/13	N		Y	
6	鄭明 Cheng Ming	F	04/06/13	N		Y	
7	張小明 Cheung Siu Ming	F	13/02/13	N		Y	
8	張大明 Cheung Tai Ming	F	27/06/13	N		Y	
9	張鐘明 Cheung Chong Ming	F	15/09/13	N		Y	
10	周鐘明 Chow Chong Ming	M	23/09/12	N		Y	
11	何鐘明 Ho Chong Ming	M	30/07/13	N		Y	
12	洪明 Hong Ming	M	13/09/13	N		Y	

Appendix 7 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week before the 1st dose of Vaccination Day- Consented)

	<u>Notice</u>		
2025/26 Seasonal Influ	uenza Vaccination	School Outre	ach Programm

(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
- Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Please inform us immediately if your child has already received 2025/26 seasonal influenza vaccine <u>after 1 September 2025</u> 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)

	_			/m •
Principal/Teacher in charge:	μ	rinc	าเกลไ/	Leacher

SIVSO_S_A2 Last updated: May 2025 Appendix 7 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week before the 1st dose of Vaccination Day- Non-Consented)

Notice 2025/26 Seasonal Influenza Vaccination School Outreach Programme
2025/20 Seasonal Influenza Vaccination School Outreach Frogramme
(Date of issue)
To: Parents NOT Consenting to their children for vaccination.
10. Furthers 1.10 F consenting to their emitter for vice matter.
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
us as soon as possible.

Principal/Teacher in charge:

SIVSO_S_A2 Last updated: May 2025

Appendix 8 List of Students Withheld Seasonal Influenza Vaccination (On the Vaccination Day)

To : Vacci	nation T	eam			Date:	
		List of Students wh	o Withheld	l Seasonal Inf	fluenza Vaccination	
				ease fill in the	details and submit to the vaccina	tion team
before t	he start	of activity on the vacci	nation day.			
Class	Class No.	Name of Students	vaccinatio	ın todav beca	for vaccination BUT withhold use of	Remarks
					propriate box) :	1
			absence	physical discomfort	Other reasons (pl. specify)	
						1
				1		
				1 7		
				4		
		7				

SIVSO_S_B1 Last updated: May 2025

Appendix 9 Consented (Seasonal Influenza Vaccination) Student List-Second Dose

(Applicable for primary schools and KG/CCCs only)

學校名稱: 疫苗名稱:	xx學校 2nd dose Seasonal Influenza Vaccine			學校編號: XX 接種日期 28/12/20XX	班別: 1A
Class No.	Name / 姓名	Sex 性別	DOB (DD/MM/YY)	May need 2nd dose 有可能要	Remarks
班號	Name / 姓石	1生力1	出生日期	接種第二劑	備註
l	陳樑 Chan Leung	M	04/01/13	Y	
2	陳小明 Chan Siu Ming	F	08/11/13	Y	
3	陳大明 Chan Tai Ming	F	09/12/13	Y	
1	劉鐘明 Chan Chong Ming	M	04/08/12	Y	
5	陳明 Chan Ming	M	31/12/13	Y	
5	鄭明 Cheng Ming	F	04/06/13	Y	
1	張小明 Cheung Siu Ming	F	13/02/13	Y	
3	張大明 Cheung Tai Ming	F	27/06/13	Y	
)	張鐘明 Cheung Chong Ming	F	15/09/13	Y	
0	周鐘明 Chow Chong Ming	M	23/09/12	Y	
1	何鐘明 Ho Chong Ming	M	30/07/13	Y	
2	洪明 Hong Ming	M	13/09/13	Y	

Appendix 10 Notice to Parents on Seasonal Influenza Vaccination-Second Dose (One Week before the 2nd dose of Vaccination Day)

(Applicable for primary schools and KG/CCCs only)

Notice 2025/26 Seasonal Influenza Vaccination School Outreach Programme 2nd dose Seasonal Influenza Vaccination Outreach Activity

(For PS and KG/CCC)

(Date of issue)
To Parents/ Guardians of(Name of Student/ Class),
Department of Health will arrange vaccination team (by DH or through
public-private partnership) to provide 2nd dose seasonal influenza
vaccination* at our school on (Date of vaccination). Please kindly note the
following remarks:
1. Inform our school immediately if your child has received 2 nd dose
2025/26 seasonal influenza vaccine (SIV) after <u>1 September 2025</u> or
you disagree for your child to receive the above vaccination
2. Bring Seasonal Influenza Vaccination Card on the vaccination day
(if available)
Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the arm can be exposed easily for vaccination
(if receiving injectable vaccine)
Principal/Teacher in charge:
Timespus Teacher in charge.
*Children under 9 years old who have never received any SIV are
recommended to have 2 doses of SIV with a minimum interval of 4 weeks.

SIVSO_S_A3 Last updated: May 2025

Appendix 11 Seasonal Influenza Vaccination Information on Side Effects

For Inactivated Seasonal Influenza Vaccine (Injectable Vaccine)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)

- Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
- Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
- If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

If	you have	any	queries	regarding	SIV,	please	call
Va	ecination Team f	rom: _					
		(Na	me of Enro	olled doctor/	Medical	Organisat	tion)

SIVSO_D_C2 Last updated: May 2025

For Live Attenuated Seasonal Influenza Vaccine (Nasal Spray Vaccine)

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine)

manufacture and a control (manufacture)
The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on (date). Live attenuated SIV (by nasal spray)
was provided. Please note the information below:
The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
,,
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and
difficulties in breathing are rare but require emergency consultation. If you have any queries regarding SIV, please call
If you have any queries regarding SIV, please call
Vaccination Team from:
(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2(LAIV) Last updated: May 2025

Appendix 12 Seasonal Influenza Vaccination Information on Side Effects and 2nd dose Arrangement

(Applicable for primary schools and KG/CCCs only)

For Inactivated Seasonal Influenza Vaccine (Injectable Vaccine)

in Jugin	public priva		•	provide	your	child
	our child's scho ection) was pr					ated
1. Inactiv	ated influenza	vaccine is ver	y safe and usi	ally well t	olerated, a	
2. Some o	hildren may e	xperience fev	er, muscle pa	in, and tir	edness 6 t	o 12
hours a	fter vaccinatio	n. These usua	ally improve	n two day	S.	
reaction breathi	r or discomfor ns like hives, ng, or serious e but require er	swelling of the adverse event mergency con	the lips or too s such as limits sultation.	ngue, and b numbnes	difficultie ss or weak	es in
	ation Team w		_			who
provide 2 nd have never	dose vaccinate received any	ion for your o SIV are recon	hild. (Childre	n under 9	years old	
provide 2 nd have never	dose vaccinate received any a interval of 4 v	ion for your o SIV are recon	hild. (Childre nmended to h	en under 9 ave 2 dos	years old es of SIV	
provide 2 nd have never a minimum	dose vaccinate received any a interval of 4 v	ion for your o \$IV are reconveeks.)	hild. (Childre nmended to h	en under 9 ave 2 dos	years old es of SIV	with

For Live Attenuated Seasonal Influenza Vaccine (Nasal Spray Vaccine)

Seasonal Influenza Vaccination Information on Side Effects (Nasal Spray Vaccine) and 2nd dose Arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child
(name of student) with Seasonal Influenza Vaccine
(SIV) at your child's school on (date). Live
attenuated SIV (by nasal spray) was provided. Please note the information
below:
1. The most common side effects following live attenuated influenza
vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic
reactions like hives, swelling of the lips or tongue, and difficulties in
breathing are rare but require emergency consultation.
The Vaccination Team will visit the school again on to
provide 2 nd dose vaccination for your child. (Children under 9 years old who
have never received any SIV are recommended to have 2 doses of SIV with a
minimum interval of 4 weeks.)
If you have any queries regarding SIV, please call
Vaccination Team from:
(Name of Enrolled doctor/ Medical Organisation)
,

SIVSO_D_C2(LAIV)(2nd) Last updated: May 2025

Appendix 13 Seasonal Influenza Vaccination Card

	接種日期 Name of Doctor/ Clinic/ Name of Influenza Vaccination Date Outreach Team Well A Log C H Log	季節性流感疫苗接種卡 Seasonal Influenza Vaccination Card	衛生署 DEPARTMENT OF HEALTH	季節性流感疫苗接種卡 Seasonal Influenza Vaccination Card	姓、Name	出生日期 Date of Birth 错妥善保存;並於下次接種流咸疫苗時出示此卡	Please keep properly, and present this card on receiving subsequent influenza vaccination SIVSO_D_C4 Last updated: Mar 2025
					<u> </u>	接種日期 Vaccination Date	P Sr Sr La
5						醫生/診所/外展隊名稱 Name of Doctor/ Clinic/ te Outreach Team	季節性流感疫苗接種卡 Seasonal Influenza Vaccination Card
						流感疫苗名稱 Name of Influenza Vaccine	n Card

Appendix 14 Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given

Date
Dear Parents/ Guardians of (Name of Student/ Class),
2025/26 Seasonal Influenza Vaccination School Outreach Programme (SIVSOP) Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given
The Department of Health (DH) has arranged vaccination team by designated medical organisation to provide Seasonal Influenza Vaccination (SIV) to students at your child's school today.
After the assessment, the vaccination team did <u>not</u> vaccinate your child because* your child: was absent from school had physical discomfort [e.g. flu symptoms/ fever (body temperature °C)/ others] refused vaccination may require further assessment before vaccination by health care professionals in appropriate medical
facilities. Please consult your family doctor for further advice. others (please specify:
The vaccination team will not rearrange SIV for your child at his/ her school. Please arrange vaccination for your child at your family doctor's clinic or any private clinics. Under the Vaccination Subsidy Scheme (VSS) of DH, children who are Hong Kong residents are eligible to receive SIV, with Government subsidy, from private doctors enrolled in VSS. Doctors participating in VSS may or may not charge a service fee. Please refer to the "List of Participating Doctors" to see whether the individual doctor charges service fee, the amount they charge and their address (https://apps.hcv.gov.hk/SDIR/EN/index.aspx).
"List of Vaccination Subsidy Scheme Participating Doctors" Name of Medical Organisation:
Telephone Number :
*Vaccination team please tick the appropriate □

SIVSO_D_B1 Last updated: May 2025

Appendix 15 Student Vaccination Report (On Vaccination Day)

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 Hea	alth ***	Protection	(Fax numi	ber: 2320 8505) with	in one w	orking d	lay	after completion		
Name of sch			noor and .	Medical Organizatio	, II					
School Code:					Total n	o. of stud	lent	ts in school:		
Name of me	dica	l organizati	ion:							
Name of enr	olle	doctor:			Service	Provide	r II	D (SPID):		
Date of vacc	inati	ion:								
Part B: Vacci	inati	ion Inform	nation of S	Students						
Mode of Vac Supply	cine		vernmen	t Supply Vaccine Mo	ode		D	Ooctor Supply Vac	cine M	lode
		☐ 1st de	ose			□ 1st	dos	se		
		☐ 1st o	iose <i>(seco</i>	ond visit, only appli	cable to	☐ 1st	do	ose (second visit,	only ap	pplicable to
Dose		Prin	Primary and Secondary School)					ary and Secondary		
			iose (Onl ry School	y applicable to KG/0)	CC and		~	ose (Only applicat my School)	ble to K	G/CCC and
Type of vac	cine	:								
and total no	o. of	☐ Inject	table Vacc	ine:	students	☐ Inje	ctal	ble Vaccine:		students
consented		□ Nasa:	l Spray Va	ccine :	students	□ Nas	a1 S	Spray Vaccine:		students
students										
Type of vac										
and total no). OI		table Vacc		students					
vaccinated		succes								
Part C : Vac	cina	tion Infor	mation of	Non Student (Ple	ase only	fill in v	acci	ine recinients wh	o are el	igible for
vaccination s				- Constitution (III	use only			increeipienes wii		Igione Ioi
Mode of Vac	cine	Supply		nation team has provi adents on the vaccina					and fan	nily member
Type of vac	cine	and total	☐ Inject	able Vaccine:			ei	ligible vaccine rec	cipients	
no. of vaccin	ated	persons	□ Nasal	Spray Vaccine :			_ el	ligible vaccine rec	ipients	
*For more det	ails	on the elig	ibility of t	he vaccination subsid	ly, please	visit				
https://www.c	hp.g	gov.hk/en/f	eatures/10	7880.html						
Fil	l in	by medica	l organiza	ntion staff				Fill in by sch	ool staff	f
Signature	:				Sign	ature	:			
Name	:				Nan	ne	:			
Post	:				Post		:		1	
Contact No.	1.1			Clinia Chan	Con	toot Mo		1	- 1	School Chop

Fill	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

Appendix 16 Clinical Waste Temporary Storage Handover Note

Department of Health

2025/26 Seasonal Influenza Vaccination School Outreach Programme Public-Private-Partnership Vaccination Teams Clinical Waste Temporary Storage Handover Form

Notes:

- This form is <u>only applicable</u> to the condition that same day collection by licensed clinical waste collector immediately after the activities cannot be arranged. Vaccination team shall keep original copy while school shall keep a copy of the completed form for their record.
- Clinical waste should store properly in the temporary storage area, until collection by licensed clinical waste collectors. For more details, please refer to Schools' Guide part 4.
- School staff please verify the number and weight of the sharps box(es), sign and stamp the clinical waste transport record for confirmation.

Part A: Contact Information	
Name of Participating Doctor:	
2. Service Provider ID:	
3. Name of Medical Organisation:	
4. Name of School:	
5. School Code:	
6. Date of Handover:	
7. Estimated Sharps Containers Collection Date:	
Part B: Details of Handover of Clinical Waste	
Vaccination Activity	
(For Primary Schools and IJG/CCC only)	No. of Sharps Box(es)
(Please put a "✓" as appropriate)	
□First Dose (Day 1)	
□First Dose (Day 2) (For Primary Schools only)	unit(s)
□Second Dose (Day 1)	
Part C: Signature of Medical Organisation and Scho	ool Representative To be filled by School Representative
Signature:	Signature
Name:	Name:
Position:	Position:
Tel:	Tel:

Chop

Chop

Appendix 17 Clinical Waste Trip Ticket

巷法仍	列第 354 章	發物處置條	例 Waste Dispo	sal Ordinance (C	hapter 354	4)		ucer / Consigno
物廠的廠物	自(醫療股外	の (一般)規 CLINICAL W	例 Waste Dispo	sal (Clinical W	aste) (Ger	neral) Regul	ation	
			ed the instructions overli		s form	運動記律	9 15 50	
8去不適!	用部份 / Delete as ap	propriate)					et Number	
西安田	生者/委託 列於F(I)權內的I	新 WASTE PR	ODUCER / CONSIGNO	R	Charles and a	the same of the		而 A · F(I) 及 G(a) 權(
			described in F(I) is par the information given in A			权略*/ 安託于 D to collection point	權的最物收集者* - for reception point by	向 A · F(I) 及 G(a) 模(healthcare profession
		D TOMMEN LINE D	ne miormation given my	r (I) and G(a) is correc		和您认何槽临时*		
lame _						e / Collection Point Au	thorisation No.*	F. Francis
ess _							the second	
人姓名 act Perso			話號碼 L.No.	傳真號碼 Fax.No.		所單位記述時 Business Registration	No	
5			公司印度			Down man rodym and		11111
red _			Co. Chop		Date _		DIMMINY Time	10.0
人物實施	P 至人士(知過 已核對及審終 F(I)	舞鼓可的音乐/不	ARE PROFESSIONAL (ENGLISH OF THE PERSON BELLEVILLE	Ship and Division in the Control of	COLUMN CO- COLUMN AND AND		- I certify that I have c
	ed the waste set ou	t in F(I) (which doe	s not contain Group 4 wa	iste) to collection point i	n C*/reception	G(b) 解丹填報的	m that the information	- I certify that I have o
Name			智速專業 Healthcare Profession		整漢序型8 Heathcare i	展覧を開業数 Prolessional Body Res	intrafera No.	
8				-1-10000	日期			The second
ned	站(如溫用) C(NI COTON DON'T			Date		O/MM/YY Time	10.00
A IRTH	太豹集队已趋势!	種の物質単常し	- THE STATE OF THE	的事物系统型於 Edin el	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	TA CALL		
	aste set out in F(I) in given in C. F(II) ar		heare professional in B	has been received by t	his collection	opint and placed in	G(c) 權內項報的資料 side the Transit Skip	F·全屬真實無證-1/(s) in F(II). I confirm th
司名標		a ofchis confect.		The second second	/ INTO BOTH			
empany No	ame			Collection Point Au	thorisation No. / W	teste Collection Licence	No."	
dáress		Charles and				7		
CERTAIN P	型姓名 birt Manager		Tel No.		T	排孔號	15	
189		STATE OF THE STATE				Fax. No.		
igned			公司印度 Co. Chop		日期 Date	DO	INM/YY Time	No. com.
	收集者(如通用		LECTOR (If applicab	le)				
ind place	d inside the Transit	Skip in F(II). I confi	rm that the information g	iven in D, F(II)及 G(d) iven in D, F(III) and G(d) i	權內項報的資 scorrect	科・全層百百無證	- I certify that the wa	ste set out in F(I) is colle
公司名稱 Company N	Some				商物收取			
運転計約 Operator N			THE NO.	WM 72.5230	int.	ection Licence No.	ENTERNISM .	
				Vehicle Regio	dration No.		Vessel Licence No.	
Segred			公司印度 Ca. Chop	SOURCE PA	EI RIII Date	~	NAME OF THE PARTY THE PART	
E 接成	RECEPTION	REGERE						W
全屬真1	實施證 - 1 certify	hat the waste states	d in F(I) delivered by heal	的股份 "/D 無的廢物物 theare professional in B"	里有運送列於 / the transit skip	F(II) 顧內的流動 (a) stated in F/III d	改型前* - 而 E - F(III)	及 G(e) 權內項報的資 ctor in D* has been receive
政施名			務收別部開放名		MYSHIELDS		- Transfer of waste come	LIGHT IN THAT DEEN FECEN
Facility N			Reception Point Manage		- Weste Dispo	osal Licence No.		
400			Co Chop	Carlo Bridge	TI NE		INNEXT. Time	
36.6 Signed	可資料 WASTE	DESCRIPTION	(II) 直動收集和	20.00	-			M. nn De
Signed	(I) WHITE THE REAL	泛數量 (公斤)	(il) 聯 物 收 集 音 收收 Transit Skip Sers	SD AC SEE NO. Wheathe Cha	All Re IS III TO III III writing functioned by	(0) 政府產生有限	MARKS IT: If Winds Produces Core	signer
Signed		e & Christish (ed)	(Rifled by Waste Collector of	Production Books	seption Point	1		
E III	Clinical Waste Typ		Control of the Control		D.FF kg	(6) 智速在室人士	Healthcare Professional	
Seyed E to a 用物 項目 item	Clinical Waste Typ IR — All / JFIR — All* Group 3 / non-Group 3*	全行 kg	-	The second second	21年	1000		
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