



Consent Form for Influenza Vaccination

Name _____ HKID _____
Date of Birth _____ Age _____ Sex _____

1. To the best of my knowledge, I declare that I do not have any of the following conditions (please “✓” the appropriate box if you do have.)

本人謹此聲明本人確知在接受流行性感冒疫苗注射時，不具下列之情況 (如有下列情況，請在適當的格內填入“✓”號)

- ☐ Acute or severe febrile illness (fever) 患有急性或嚴重高燒
- ☐ Allergic to antibiotic, formaldehyde, gentamicin sulphate or sodium deoxycholate
對抗生素敏感
- ☐ Allergic to egg or chicken protein, thimerosal & neomycin 對蛋白或雞肉、防腐劑、新霉素(一種抗生素)過敏
- ☐ Allergic to drug or vaccination 對藥物或疫苗過敏
- ☐ Taking long medication: Asthma or bronchitis; blood thinning and/or on medication for treating seizures or fits
患有哮喘或氣管炎、抗凝血或癲癇症人士 (須長期服用藥物)
- ☐ History of Guillain-Barre Syndrome (GBS) 曾患有吉巴氏綜合症
- ☐ Pregnant 正在懷孕 (for Female 女仕)

(If you have “✓” any of the above, you are recommended to seek further advice from your doctor before receiving the vaccination 如閣下“✓”了以上任何一種情況，請在接受疫苗注射前諮詢閣下之醫生)

2. I acknowledge the possible side effect of vaccination 本人亦確知在接種此疫苗後可能出現以下副作用:

- ◆ Local reaction at injection site, erythema (redness), swelling, pain 輕微反應：打針部位會疼痛、發紅或發腫
- ◆ Systemic or generalized reaction: fever, malaise, headache 全身反應：發燒、不適或頭痛
- ◆ I will seek further advice from my doctor if these reactions last longer than 24 hours
如上述的反應持續超過24小時，本人定會諮詢醫生，以獲取進一步的專業意見

3. The viral-strain composition recommended for the vaccination programme in 2015/2016 is as follows

2015/2016 流感預防疫苗會針對下列各病毒:

- ◆ an A/Switzerland/9715293/2013 (H3N2)- like virus 甲型/瑞士/9715293/2013(H3N2)病毒
- ◆ an A/California/7/2009 (H1N1)pdm09-like virus 甲型/加利福尼亞/7/2009(H1N1)病毒
- ◆ a B/Phuket/3073/2013-like virus 乙型/布吉/3073/2013病毒
- ◆ a B/Brisbane/60/2008-like virus 乙型/布里斯班/60/2008病毒

4. Remarks 備註:

- ◆ **Age group from 3-9 years:** The one who hasn't received any flu vaccination before, should take 2 vaccines with full dose. The second vaccine would be delivered 1 month after the first vaccine; The one who has received the flu vaccination before, take 1 vaccine with full dose.
年齡 **3-9 歲**：以前未曾接受過疫苗注射者，要注射2枝疫苗，第2針會在第1針注射後1個月進行；如曾接受過疫苗注射者，則只須注射1枝疫苗
- ◆ **Age group from 9 years onwards :** take 1 vaccine with full dose
年齡 **9 歲** 或以上：只須注射1枝疫苗

Signature 簽署 : _____

Date : _____

/ Guardian's signature 監護人簽署

日期

* Guardian's signature is required for those who are under 18

十八歲以下人士須獲得監護人同意