編號:207

德貞女子中學

二零二四至二零二五年度

人類乳頭瘤病毒(HPV)疫苗補種計劃安排

敬啟者:

根據衛生署資料,HPV 疫苗(子宮頸癌疫苗)是一種預防性疫苗,能預防子宮頸癌及降低因感染HPV引 致的癌症和疾病風險。本校已參加人類乳頭瘤病毒(HPV)疫苗補種計劃,並已安排**莊柏醫務中心**到校為中五及 中六級學牛注射HPV疫苗,活動費用全免,如家長有意安排。貴子女參加,請填妥**涌告问條**,連同「接種人 類乳頭瘤病毒(HPV)疫苗同意書」,並於2025年1月15日(星期三)交回班主任,以便辦理相關事宜。

為確保學生能成功接種疫苗,請家長/監護人留意:

- 1. 對子宮頸癌疫苗或其成份曾有嚴重的過敏反應、懷孕、對酵母(製麵包的其中一種材料)曾有嚴重過 敏反應者,不宜接種HPV疫苗。
- 2. 如參加此計劃,學生必須在校接種第一針。
- 3. 學生接種第一針後,第二針需於相隔5-13個月內進行。
- 學生如完成接種第一針HPV疫苗後,但未能在學校接種第二針,需自行聯絡學童免疫注射小組分區辦事 處/學生健康服務中心分區辦事處安排接種餘下劑次。
- 如學生未能於學校接種第一針,可於第二針時在校補種第一針。然後於五個月後,自行聯絡學童免疫注射 小組分區辦事處/學生健康服務中心分區辦事處預約第二針。
- 參與學生**需有醫健通**,如未有,請填寫「接種人類乳頭瘤病毒(HPV)」疫苗同意書第三部分【登記醫健通】 服務。
- 接種當日,參與學生需進食早餐;帶備學生證、身份證及接種記錄(針卡)予接種隊職員查閱,如遺失接種 記錄(針卡),請盡快補領或於接種當天領取新的接種記錄(針卡)。
- 8. 填寫同意書前請參考<附件一>填寫樣式。
- 補種計劃時間表: 9.

	第一針	第二針
中五	2025年	2025年9月18日(暫定)
中六	3月4日	請自行聯絡學童免疫注射小組分區辦事處/學生健康服務中心分區辦事處預約接種

此致 學生家長

謹啟 附件:接種人類乳頭瘤病毒(HPV)疫苗同意書、接種者/家長或監護人須知、疫苗資料

敬覆者:

本人*同意 / 不同意 小女/受監護者經學校安排接種人類乳頭瘤病毒(HPV)疫苗。

此覆

德貞女子中學校長

二零二五年一月十日

中	_級	班		<u>:</u> :	_
	學生家	家長/監	護人簽署	ž:	_
	學生多	家長/監	護人姓名	:	-

學生電話:______

德貞女子中學校長

學生家長/監護人電話:

編號:207

<附件一:填寫表格樣本>

Human Papillomavirus (HPV) Vaccination Consent Form 接種人類乳頭瘤病毒(HPV)疫苗同意書



Points to Note 填寫注意事項

- Please complete in BLOCK LETTERS using black or blue ball pen and put "√" into the appropriate box(es) and * delete as appropriate.
 請用黑色或藍色原子筆以正楷填寫,並在適當的□內加上「✓」號及*刪除不適用選項。
- Part I and Part II (CONSENT TO ADMINISTRATION OF HPV VACCINATION) should be completed and signed by parents/ guardian if
 vaccine recipient is aged below 18. Otherwise, it should be completed by the vaccine recipient. Please read the information on HPV
 Vaccines and Collection of Personal Data Statement of Purposes carefully.

如疫苗接種者未滿 18 歲,第一部分及第二部分(接種同意書)須由父母/監護人填寫及簽署,否則應由疫苗接種者填寫及簽署。請仔細閱讀人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明。

- Part III (CONSENT TO REGISTER eHealth) should be completed and signed by Substitute Decision Maker if the vaccine recipient is aged below 16 or aged 16 or above but incapable of giving consent. Otherwise, it should be completed by the vaccine recipient. Please read the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully. 如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士,第三部分(登記醫健通同意書)須由代決人填寫及簽署,否則應由疫苗接種者填寫及簽署。請仔細閱讀醫健通資料,包括參與者須知及收集個人資料聲明。
- A consent form is required for each dose of vaccination. Completed form should be returned to school/ designated centre.
 須數接種每一颗疫苗簽署一份同意書,並於填棄後交回學校/指定中心。

須就接種每一劑疫苗簽署一份同意書,並於填妥後交回學校/指定	中心。					
Part I【Vaccine Recipient Information】 第一部分【疫苗接種者資料】						
1. VACCINE RECIPIENT INFORMATION 疫苗接種者資料						
Vaccine Recipient's Full Name (as indicated in identity document)						
	[中文]: [棟					
First Name SIV HO	' [中文]: <u>小豪</u>					
Date of Birth 出生日期 : 13 DD/ 09 MM/ 2007 YYYY						
2. IDENTITY DOCUMENT 身份證明文件						
Please fill in information based on (i) or (ii) below 讀填寫以下 (i) 或	(ii) :					
(i) Hong Kong Identity Card No. 香港身份證號碼:	(ii) Other Identity Document, please specify:					
LA [765432] ([1])	其他身份證明文件,請註明:					
HKIC Symbol 身份證符號標記・ 01-01-1988 女F	Document Type 類別: 見<附件二:					
AND 及 Date of Issue 簽發日期: (01-99)	Document No.號碼:					
15 DD/ 09 MM/ 18 YY	MUST attach a copy of the document to this cony					
One as a death of the	並必須隨同意書附上該身份證明文件的副本					
(If applicable 如適用) School Name 學校名稱: The properties of t						
School Name 学权名傳,	Class 班別 . Class No. 知识 .					
3. VACCINATION RECORD 疫苗接種記錄						
Has the vaccine recipient received Human Papillomavirus vaccinati	on in the past? 疫苗接種者是否曾經接種人類乳頭瘤病毒疫					
苗2						
☑ No 否						
□ Yes 是. Already had 已接種dose (/doses) 劑 Last vaccination date 最近一次接種日期: □ MM(月	i)/ YYYY (年)					
□ Can submit immunisation records of the vaccine recipient for checking (pertaining to HPV vaccination or not). 按籍常日命提供按語記錄(針上)於按翻隊職員亦閱 (不验具不验經按語人類明語數字表寫的)。						
接種當日會提供接種記錄(針卡)給接種隊職員查閱(不論是否曾經接種人類乳頭瘤病毒疫苗)。						
□ Cannot submit any immunisation records of the vaccine recipient but still agree to receive the vaccine. (Please apply for reissue of immunisation record if lost) 未能提供接種記錄(針卡),但仍同意接種此疫苗。(如遺失,請盡快補領)						
Compared to the Compared Compa	以1908 (A) 2008 (A) 2					
4. IMMUNOCOMPROMISED PERSON 免疫力弱人士						
Is the vaccine recipient an immunocompromised person? 疫苗接種 ☑ No 否	首是否免疫力弱人士?					
No 否 ☐ Yes 是. I can submit written documentation. 能提供相關書面證明	l o					
口 163 定。I can submit writen doctale mail 的 是民行同期曾国际文						
5. eHealth REGISTRATION 登記醫健通						
Waccine recipient has already registered eHealth. (Please fill in Part I	I)					
疫苗接種者已登記醫健通計劃。(請填寫第二部份) □ Vaccine recipient has not registered or is unsure of her eHealth regist	tration status. (Please fill in Part II and III)					
疫苗接種者未登記或不確定是否已登記醫健通。(請填寫第二及						
The state of the s						

Part II [Consent/ Refusal of Vaccination]

第二部分【接種同意書/不同意書】

1.	CONSENT TO	ADMINISTR.	ATTON OF	HPV VAC	CINATION	熔種同意書
						124 (20)

☑ CONSENT 同意

I have read and understood this document and the attached information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, including persons/ conditions not suitable for receiving HPV vaccine, and AGREE for myself/ my child/ ward* to receive the HPV vaccine (1tl/ 2nd/ 3rd dose Note)* as arranged by the Department of Health (DH) and for school to release the related information to the vaccination team arranged by the DH for verification where applicable/ necessary.

I agree for myself/ my child/ ward* to register eHealth if the vaccine recipient has not yet registered. If verification shows that she has not yet registered, the vaccine recipient/ parents/ guardian agrees to provide further information of the vaccine recipient to the Department of Health/ authorised healthcare providers and consent for eHealth registration of the vaccine recipient.

[Note: DH will arrange eligible females to receive two doses of HPV vaccine. The 2^{nd} dose of HPV vaccine will be provided within 5-13 months after the 1^{st} dose. For those who are immunocompromised with valid referral letter, three doses of HPV vaccine will be provided, with the 2^{nd} dose and 3^{nd} dose arranged at minimum intervals of 1 month and 6 months after the 1^{st} dose respectively.]

本人已閱讀及明白本檔及隨附有關人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明,包括不宜接種人類乳頭瘤病毒(HPV)疫苗的人士/情況,及同意 本人/小女/受監護者*接種衛生署安排之人類乳頭瘤病毒疫苗(第一劑/第二劑/第三劑)*,並同意學校提供相關資料予衞生署安排的疫苗接種隊作核對之用(如適用/有需要)。

如疫苗接種者並未登記醫健通,本人/小女/受監護者*同意登記醫健通。若經核證後發現疫苗接種者並未登記醫健通,疫苗接種者/家長/監護人同意向衞生署/獲授權的醫護機構提供疫苗接種者的進一步資料及同意疫苗接種者登記醫健通。

[註:本署會安排合資格接種HPV疫苗的女生接種共兩劑疫苗,並在完成第一劑疫苗後5-13個月內,安排為其接種第二劑疫苗。免疫力弱並持有效轉介信的女生,則會獲安排接種共三劑疫苗,第二劑和第三劑疫苗會分別安排在其完成第一劑疫苗後相隔最少1及6個月接種。]

□ REFUSE 不同意		RE	FU	SE	不	同	意
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I have read and understood this document and the information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, and DISAGREE for myself/ my child/ ward* (filled information in part I) to receive the HPV vaccine as arranged by the Department of Health (DH) due to:

本人已閱讀及明白本檔及隨附的人類乳頭瘤病毒(HPV)疫苗接種資料的內容及收集個人資料的用途聲明,及 不同意 本人/ 小女/受監護者*(第一部分已填寫的資料)接種衞生署安排之人類乳頭瘤病毒(HPV)疫苗,原因是:

□ Fully vaccinated with HPV vaccines 已完成人類乳頭瘤病毒科		Fully vaccinated wit	n HPV vaccines	:巴完成人類:	1. 頭類類	赤疫苗接種	1
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- □ With a history of serious allergic reaction to any of the vaccine components, or following a previous dose of HPV vaccine 對人類乳頭瘤病毒疫苗或其成份曾有嚴重的過數反應
- □ With a history of severe allergic reaction to yeast (used in baking bread) 對酵母(製麵包的其中一種材料)曾有嚴重過數反應
- □ Currently pregnant 現正懷孕
- □ Worried about adverse effects 擔心不良反應
- □ Others 其他 (please specify 請註明:

Signature of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/家長/監護人*簽署: Tai Minny	Relationship with Student 與學生關係:(If applicable 如適用) ☑ Father 父 □ Mother 母 □ Guardian 監護人			
Name of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/ 家長/ 監護人*姓名: 陳大明	Contact Number: 聯絡電話: 61234567			
Date of Signature: 簽署日期: 10-12-2024				

Part III [Registration of eHealth]

第三部分【登記醫健通】

The following part is ONLY applicable to those who have not registered eHealth 下列部分僅供未登記醫健通人土填寫

☐ I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I/ on behalf of the healthcare recipient (HCR) AGREE to register with eHealth, which enables authorised healthcare providers to access and share the HCR's eHealth records for healthcare purposes.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」,及「同意」本人/代表醫護接受者登記參加醫健通,讓獲授權的醫護機構取覽及互通醫護接受者於醫健通的紀錄作醫護用途。

Completed and signed by vaccine	e recipient <u>aged 1</u>	16 or above ± 16)	歲或以上 疫苗接	種者填寫及簽	署			
Signature of Vaccine Recipient: 疫苗接種者簽署: Mobile Number for receiving system notifications: 手提電話號碼以收取系統通知: Date of Signature簽署日期:								
Completed and signed by Substitute Decision Maker (SDM) (i.e. parent or guardian) (Only applicable to vaccine recipient aged under 16/ aged 16 or above but incapable of giving consent) 由代決人(即家長或監護人)填寫及簽署(只適用於十六歲以下兒童/年滿十六歲但無能力自行給予同意的人士)								
TRAC								
SDM's HK Identity Card No.:	For non HK Id	lentity Card hold	er, please fill in i	information of	f other identity document			
代決人香港身份證號碼:		證持有人・請填置	其他身份證明					
	Document Typ 證明文件類別			Document ! 證件號碼:	No. :			
Relationship with Vaccine Recipi 與疫苗接種者關係:	ient:			JI.				
□ Vaccine recipient aged under 16 疫苗接種者為十六歲以下兒童 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * 家長/家人/ 同住人士/ 根據《未成年人監護條例》委任的監護人/ 獲法院委任的人*								
☐ Vaccine recipient aged 16 or a	bove but incapal	ble of giving cons	ent 疫苗接種者	為年滿十六歲	但無能力自行給予同意的人士			
Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court * 家人/同住人士/根據《精神健康條例》委任的監護人/社會福利署署長或根據《精神健康條例》委任的監護人/								
獲法院委任的人* Signature of SDM: Date of Signature:								
代決人簽署: 簽署日期:								
Part IV To Be Filled In By The Healthcare Worker Providing The Vaccination 第四部分 以下資料只由提供疫苗接種的醫護人員填寫								
□ First Dose 第一劑								
□ Second Dose 第二劑								
□ Second Dose 第二劑 □ Third Dose 第三劑 (only for individuals who are immunocompromised/ with valid referral letter 只適用於免疫力弱/ 持有效轉介信的人士)								
☐ HPV vaccination was provided	to the vaccine re	cipient 已為接種:	者 接種 人類乳頭	瘤病毒(HPV)组	变苗			
□ HPV vaccination was NOT pro □ absent from school 缺課 □ vaccination refused 拒絕接 □ discomfort 身體不適 □ others 其他 (please specify	重	7	沒有為接種者)	持種人類乳頭	育瘤病毒疫苗,原因是:			
Signature of Vaccination Staff 接	種職員簽署:							
Name of Enrolled Doctor 已配對	醫生姓名:							
Date of Vaccination 接種日期:		26						

HPVP_A_2 Last updated: November 2024

<附件二:身份證明文件要求 ID Copy Requirement>

如未能提供香港出生證明書副本則需按以下先後次序提供有效之身分證明文件副本(其中一項):

If you cannot provide a copy of Hong Kong Birth Certificate

You need to provide a copy of a valid identity document (one of them) in the following order:

1. 香港身份證 Hong Kong ID





2. 回港證 Re-entry Permit



3. 簽證身分書 (附設相片頁面) Document of Identity for Visa Purposes (Page with Photo)



4. 海外護照(附設相片頁面)及最新逗留許可簽證(如簽證過期須同時提供續期文件)

海外護照(附設相片頁面)

Overseas passport (with photo page) and visa for stay permit

(if the visa expires, the renewal document must be provided)

海外護照(附設相片頁面)

最新逗留許可簽證(4個英文字母加數字)

Latest Visa Permit (4 digit alphabet and number)



Overseas Passport (Page with Photo)



單程證、雙程證及最新逗留許可簽證 (如簽證過期須同時提供續期文件)

One way Permit, Re-Entry Permit AND the latest VISA (If it has been expired, please provide the renewal document)

單程證 One way Permit



雙程證 Two-way exit Permits



最新逗留許可簽證(由4個英文字母加數字組成) Latest visa Permit (4 digit alphabet and number)

