



敬啟者：

注射預防流行性感冒疫苗

為減低學生感染流行性感冒的機會，「全康醫務綜合中心」現為本校學生安排購買預防流感三價疫苗注射券(下稱「針券」)。詳情如下：

發售針券	日期、時間及地點：2016年10月27日(星期四) 1:00-2:00pm，本校有蓋操場 費用：\$90 (本校學生可選擇在校接受注射或自行到診所注射。 家人或親屬可透過 貴子女購買「針券」，並自行到指定診所*注射。 針券有效期至2016年12月31日。針券逾期作廢，亦不作退款或賠償) 主理：「全康醫務綜合中心」家庭醫生及註冊護士
注射	日期、時間：2016年11月11日(星期五) 3:15-3:45pm 地點：本校地下活動室(014室)，接受注射時必須出示「針券」
備註	1. 「針券」只安排在上述指定日期發售，逾時恕不受理。 2. 為免等候，必須先致電以下其中一間醫務所預約，並須攜同有效針券接受注射。 (如有疑問，注射前請自行諮詢醫生) *「全康醫務綜合中心」地址：屯門柏麗廣場2312室；電話：2458 8222 3. 是次注射疫苗根據衛生署建議2016-17年三價疫苗成份： 類甲型/加利福尼亞/7/2009(H1N1)；類甲型/香港/4801/2014(H3N2)； 類乙型/布里斯本/60/2008

有關「全康醫務綜合中心」提供之任何服務，與本校並無任何關係。選擇注射上述疫苗與否，全屬家長及學生之意願。因注射疫苗過程或注射疫苗而引致過敏或任何後果，本校概不負上任何民事或賠償責任，家長及學生必須自行評估，謹慎選擇。如對醫學、醫療或診斷方面有疑問，務必先向執業家庭醫生查詢。

如有垂詢有關購買預防流感疫苗注射券之安排，請聯絡周永良老師。

此致
各家長

仁愛堂田家炳中學校長
吳潔容謹啟

二零一六年十月二十一日

回條 (24/10 交回班主任)

敬覆者：本人已得悉有關注射預防流感疫苗事宜，並

購買「針券」_____張 (學生於十月二十七日自備款項到有蓋操場購買)

不需要購買「針券」

*(請 ✓適用)

此覆

仁愛堂田家炳中學校長

班別：_____ 座號：_____

學生：_____

二零一六年十月 日

家長簽署：_____



YAN OI TONG
Tin Ka Ping Secondary School

仁愛堂田家炳中學

Shan King Estate, Tuen Mun, N.T., Hong Kong.

新界屯門山景邨 Tel:2466 5270

No.16-17/19

21 October 2016

Influenza vaccination

To minimise the students' chance of being infected with influenza, our school has invited the ADEC Medical Alliance to provide trivalent vaccine for our students. The details are as follows:

<u>Sale of Vaccine Vouchers</u>	<p>Time, Date & Place: 1:00-2:00pm, 27 October 2016 (Thursday), covered playground</p> <p>Fee: \$90 (TKP Student may opt to have vaccination at school or the designated clinic. Family or relatives may also buy vaccine vouchers through their children and go to the *designated clinic for vaccination. The vouchers are valid until 31 December 2016.)</p> <p>Vaccination provider: Family doctors & registered nurses from ADEC Medical Alliance</p>
<u>Vaccination</u>	<p>Date, Time & Place: 3:15-3:45pm 11 November 2016 (Friday) Room 014, G/F (Voucher must be presented upon having vaccination)</p>
<u>Remarks:</u>	<p>1. The vaccine vouchers will only be sold on the date specified above. Purchase requests thereafter will not be entertained.</p> <p>2. For time convenience, reservation must be made with the following clinic. Vaccine voucher must also be presented for vaccination. (For enquiries, please consult the doctor before vaccination.) * ADEC Medical Alliance Room 2312, Tuen Mun Parklane Square, Phase II, Tuen Mun. Telephone: 2458 8222</p> <p>3. The ingredients of the vaccine is advised by the Department of Health (2016-17): A/California/7/2009 (H1N1); A/Hong Kong/4801/2014 (H3N2); B/Brisbane/60/2008</p>

Yan Oi Tong Tin Ka Ping Secondary School is of no relations to the service offered by ADEC Medical Alliance. **Parents and students should use their discretion as to whether to receive the injections.** Our school shall not bear any civil liability or compensation for any allergies or consequences that may arise as a result of the injection. Parents and students should exercise their judgment before making a decision. For enquiries regarding medical implications of the injection, please consult your family doctor.

For enquiries, please contact Mr. Chow Wing Leung at 2464 3731.

Ng Kit Yung
Principal

-----✂-----

Reply Slip (To be returned to form teacher by 24 October)

___ October 2016

I am notified of the arrangements about the influenza vaccine injections and

intend to buy _____ (number) vaccine vouchers. (Students should have the payment ready in cash and pay at the covered playground on 27 October)

will not buy any vaccine vouchers.
*(Please ✓ as appropriate)

Class: _____ No.: _____

Name of student: _____

Parent's signature: _____

No.16-17/19