

[四價]流行性感冒疫苗注射同意書
Consent for Quadrivalent Influenza Vaccination (QIV)



A. 個人資料 Personal Particulars

英文姓名 Name in English		中文姓名 Name in Chinese	
出生日期 Date of Birth:		性別 男 <input type="checkbox"/> 女 <input type="checkbox"/> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	身份證號碼 HKID/Passport No:

B. 如 18 歲以下，請家長/監護人回答以下問題，在適當的方格內加上√。 Please tick as appropriate.

1.	您是否從未接種過流感疫苗？ Have you received influenza vaccination in the past?	<input type="checkbox"/> 從未 Never	<input type="checkbox"/> 曾經接種 YES
如果您有以下任何一種情況，請說明 Please state if you have any of the following situations			
	Yes 是	No 否	健康狀況 Health Status
			對雞蛋或對任何疫苗 (例如：流感疫苗)、藥物或抗生素 (例如：新霉素、慶大霉素) 敏感，請註明： Allergic to eggs or to any vaccine (such as influenza vaccine) or medications (such as Neomycin, Gentamycin), please specify: _____
			曾患出血病症或正服用抗凝血劑 History of bleeding disorders or on anticoagulants?
			您是否曾接種疫苗後，出現手腳麻痺、無力或其他過敏反應？ Have you ever experienced limb numbness or weakness, or allergic reactions after receiving vaccination?
			曾患有【吉巴氏綜合症】 History of Guillain-Barré Syndrome (GBS)?
			免疫力低 / 正接受類固醇治療 Weakened immunity or under steroid treatment?
3.	接種者是否需要接受本年度第二劑疫苗*？ Do you require a second dose this year*?	<input type="checkbox"/> 需要 Yes	<input type="checkbox"/> 不需要 No
			<input type="checkbox"/> 本次為第二劑 This is 2 nd dose
*九歲以下從未接種過流感疫苗的小童，建議於完成第一劑後相隔至少 4 星期即可接種第二劑疫苗 For children aged under 9 who have not previously been vaccinated, a second dose should be given after an interval of at least 4 weeks			
流行性感冒疫苗須知 Influenza Vaccine Information			

流感疫苗有效期一年，每年需接種一次。凡 9 歲以下從未接種過流感疫苗的兒童，均須接種兩劑流感疫苗，而兩劑疫苗的接種時間須至少相隔四個星期
 不宜接種流感疫苗人士：對雞蛋、新霉素(Neomycin)、慶大霉素(Gentamycin)或流感疫苗有過敏反應的人士；在注射當日身體不適或發燒的人士都不宜接種。
 曾對雞蛋有嚴重過敏反應的人士，應由專業醫護人員在能識別及處理嚴重過敏反應的適當醫療場所內接種。流感疫苗內雖含有卵清蛋白（即雞蛋白質），但疫苗製造過程經過反覆純化，卵清蛋白的含量極少，即使對雞蛋敏感的人士，在一般情況下亦能安全接種。
 流感疫苗十分安全，除了接種部位可能會出現痛楚、紅腫外，一般並無其他副作用。部分人士在接種後 6 至 12 小時內可能會出現發燒、肌肉疼痛，以及疲倦等症狀，這些症狀通常會在兩天內減退。如持續發燒或不適，請諮詢醫生意見。若出現罕見的風疹塊、口舌腫脹、手腳麻痺、無力及呼吸困難等不良反應，患者必須立即求醫。
 The vaccine is effective for 1 year; you should take the influenza vaccine annually. Children under 9 years old who have never received any influenza vaccine are recommended to have 2 doses of influenza vaccine with a minimum interval of 4 weeks
 People who are allergic to eggs, Neomycin, Gentamycin or flu vaccine; and/or people who have fever should not take influenza vaccine.
 Individuals with a history of anaphylaxis to eggs should have seasonal influenza vaccine administered by health care professionals in appropriate medical facilities with capacity to recognize and manage severe allergic reactions. Influenza vaccine contains ovalbumin (a chicken protein), but the vaccine manufacturing process involves repeated purification and the ovalbumin content is very little. Even people who are allergic to eggs are generally safe to receive vaccination.
 Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site. Some people may experience fever, muscle pain, and tiredness beginning 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.

本人 _____ (接種者/家長/監護人*) 已閱讀及明白有關流感疫苗的資料，聲明以上所提供關於接種者健康狀況的資料全屬正確，並同意接受流感疫苗注射。 I _____ (Myself/Parent/Guardian*) have read and understood the information given to me about the influenza vaccination. I declare the above information provided concerning the health condition of the vaccine recipient is correct. I hereby give my consent for the vaccine recipient to be vaccinated. (*請刪去不適用者 Please delete as appropriate)

簽署 Signature: _____ 日期 Date: _____ 聯絡電話 Contact No: _____	For office use only Fluarix Tetra / Vaxigrip Tetra x 1 Dose Inj site: L / R *Deltoid / Quad Batch No: _____ Body Temp: _____
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緻仁醫療會將閣下的資料保密，收集的任何個人資料將僅用於次疫苗注射之用途，但可能將有關資料提供予已獲法例授權的有關人士（例如法庭頒令）。有關本公司個人資料處理守則，請參閱本公司網頁之私穩政策聲明。 Data held by Dedicare Ltd relating to data subjects will be kept confidential, any personal data collected from you will only be used for the vaccination, but the company may provide such information to any person to whom the company is under an obligation to make disclosure under the requirements of any law bringing on the company (e.g. court orders). Please refer to the privacy policy statement shown in our website for the guideline of using the personal data collected.

Given by: _____ Date: _____ <input type="checkbox"/> Dr. Brian Chung <input type="checkbox"/> Dr. Henry Chan
