

2023/24 甲類通告第 E010 號  
21<sup>st</sup> September, 2023

Dear Parents,

**2023/24 Seasonal Influenza Vaccination School Outreach (Free of Charge)**

The Department of Health is sending a vaccination outreach team (recruited through public-private partnership) to the school to offer free-of-charge “Quadrivalent Inactivated Influenza Vaccine” vaccination. The details are as follows:

Date:	1 <sup>st</sup> dose: 2 <sup>nd</sup> November, 2023 (Thursday) 2 <sup>nd</sup> dose: 7 <sup>th</sup> December, 2023 (Thursday) * * Only applicable to children who are under 9 years old and have never received any seasonal influenza vaccination: those who have taken the 1 <sup>st</sup> dose have to receive the 2 <sup>nd</sup> dose that is arranged at least 4 weeks after the 1 <sup>st</sup> dose
Venue:	School
Target Group (1 <sup>st</sup> dose):	P. 1 – P. 6 students
Vaccine:	Quadrivalent Inactivated Influenza Vaccine (intramuscular injection)
Fee:	Free of charge
Remarks:	Those students who are not vaccinated due to absence from school and those who are assessed by the vaccination outreach team as unsuitable for vaccination will receive “Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given” on that day

Parents are advised to read the documents attached with the Consent Forms carefully. If your child is participating in the vaccination programme, please complete the e-reply slip and submit the Consent Form to the class teachers on or before 25<sup>th</sup> September (Monday). For children who are not participating in the programme, parents still have to complete the e-reply slip and submit the Refusal Form to the class teachers. For any enquiries, please contact Ms. TSANG Fung Ha at 2728 7627.

Ms. CHENG Yuk Ching  
Headmistress

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**REPLY SLIP**

Dear Ms. Cheng,

**2023/24 Seasonal Influenza Vaccination School Outreach (Free of Charge)**

I have read through Type-A Notice, No. E010 and understand the corresponding content.

- I \*  agree that my child receive the seasonal influenza vaccination as arranged by the Department of Health.  
 disagree that my child receive the seasonal influenza vaccination as arranged by the Department of Health.

*\*Please tick in the appropriate box(es).*

Class: \_\_\_\_\_ Name: \_\_\_\_\_ ( )

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ of September, 2023

[Teacher-in-charge: Ms. Tsang Fung Ha]

DISCLAIMER: The English version is a translation of the original in Chinese for information purposes only. In case of any discrepancy, the Chinese original is reserved as official interpretation of the school (applied to all e-notices / parent notifications in English). Thank you very much.