

在閱讀所附資料後如何填寫同意卡：

乙肝疫苗一七年級學校免疫計劃：

No:

My child has already had the vaccine (please sign and write dates when administered) and therefore does not need the vaccine.

Hepatitis B

1st Dose:	/	/
2nd Dose:	/	/
3rd Dose:	/	/

Signature: _____

OR

No:

No, after reading the information provided, I do not wish to have my child immunised with the hepatitis B vaccine at this time.

Signature: _____ Date: / /

Immunisation Consent Card
Recommended Vaccines for
Year 7 Secondary School Students

Please read both sides of the consent form and accompanying fact sheet before completing and signing.

Surname: CITIZEN	First Name: MARK
Address: 4 BLOCK STREET	
MELBOURNE	Postcode: 3000
Date of Birth: / / 1988	Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Telephone: (BH) 9123 4567 (AH) 9123 4567	
School: BLOCK HIGH SCHOOL	Class Level: 7A

Parent/Guardian, please tick and sign for the vaccine you agree to your child having.

I have read and understood the attached information and wish to have the above named child vaccinated.

YES: Hepatitis B 1st dose If your child has completed a course of hepatitis B vaccine in the past, further doses are not required. (See back of card)

Hepatitis B 2nd and final dose

Name of Parent or Guardian (please print): _____

Signature: _____ Date: / /

See the back of this card if the vaccine is not to be given.

Office Use Only:	
1st Dose:	Date: / /
2nd and Final Dose:	Date: / /

← 對所有子女：
請填寫子女的詳情。

← 然後
若希望子女接受免疫，
請填寫這一部份。

重要信息：

- 市政府不久將前往您的學校開展這一免疫計劃。
- 請務必將所有同意卡交回給學校 (即使您的子女不接受免疫)，因為這有助於監督維多利亞州白喉、破傷風和百日咳預防情況。
- 若有任何問題或者有任何醫療信息可以幫助市政府，請與市政府聯絡或者寫在同意表上。
- 請在填寫同意卡之前閱讀所附資料。

Pre-Immunisation Checklist

Before you have your child immunised, check this list.
If any of the situations apply to your child, tell your doctor or nurse before immunisation in case the vaccine needs to be deferred:

- Is unwell on the day of immunisation.
- Has had severe reactions to any vaccine.

People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.

If you require further advice or information, please contact your local government health department or doctor.

The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and Australian Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider.

或者

若子女以前接受過乙肝免疫，不需要接種疫苗，請填寫這一部份。

若不希望子女接受免疫，請填寫這一部份。



Victoria Department of Human Services

No:

My child has already had the vaccine (please sign and write dates when administered) and therefore does not need the vaccine.

Hepatitis B

1st Dose:	/	/
2nd Dose:	/	/
3rd Dose:	/	/

Signature: _____

OR

No:

No, after reading the information provided, I do not wish to have my child immunised with the hepatitis B vaccine at this time.

Signature: _____ Date: / /

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Chinese

莫拿生命當兒戲。請接受免疫
www.dhs.vic.gov.au/phd/immunisation/



乙肝

乙肝是一種造成嚴重感染的病毒，攜帶在血液中，並且會影響肝臟，可能會引起發燒、惡心、疲勞、尿色發暗和皮膚發黃。

所有具有傳染乙肝風險的兒童都應該預防感染這種疾病。在極端的病例中，乙肝可毀壞肝臟，造成死亡。還有些人可能受到病毒感染並且"攜帶"很長時間（甚至終生），而自己卻不知道。這些人在以後會有得肝癌和肝硬變的危險。這兩種病都是致命的。"攜帶"乙肝病毒的人士可能會將這種病毒傳染給其他健康人士。

在澳洲，經診斷的乙肝感染率在過去20年中有大幅度增加，數千人受到慢性感染。青少年和年輕人的感染率是全國平均感染率的至少五倍。

乙肝病毒通常是通過受感染人士的血液傳播，或者是在生產時從母親傳給孩子。在年齡稍大的人士中，乙肝病毒可以通過一些活動傳播，如不安全性交、注射毒品、紋身或身體穿刺、以及在有傷口或擦傷時使用未經消毒的設備和發生身體接觸的體育活動。

一旦感染乙肝，就無法治得好。

乙肝免疫

這種疫苗現在提供給在校7年級的所有學生。現已批准給年齡在11-15歲的青少年接種一種兩劑乙肝疫苗，兩劑疫苗注射的間隔時間為4-6個月。

澳洲使用的疫苗含有一部份經過遺傳工程改良的病毒、少量鋁鹽和防腐劑。

乙肝疫苗可能產生的副作用

大多數副作用都症狀較輕而且很快消失。以下反應並不常見，但如果發生的話，則會在接種免疫後不久發生：

- 低燒
- 注射點紅腫疼痛
- 惡心
- 感覺不適
- 關節痛

如果確實出現這些輕微的反應，可以通過以下方法來減輕副作用：

- 給孩子多喝流質液體
- 衣服不要穿得過多
- 在疼痛的注射點敷上一塊涼濕布巾
- 給孩子服用扑熱息痛，減少不適（請注意建議給適合您孩子年齡服用的劑量）。

如果反應很嚴重或者持續不斷，或者您對孩子感到擔心，請與醫生或醫院聯絡。

免疫前一覽表

在接受免疫之前，請告訴醫生或護士您的孩子是否有以下情況：

- 免疫當日身體不適（體溫超過38.5°C）。
- 曾經對某種疫苗有嚴重反應。

Immunisation Consent Card Recommended Vaccines for Year 7 Secondary School Students



Please read both sides of the consent form and accompanying fact sheet before completing and signing.

Surname:		First Name:	
Address:			
Postcode:			
Date of Birth:	/	/	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH)		(AH)	
School:		Class Level:	

Detach and return consent card to school.

Parent/Guardian, please tick and sign for the vaccine you agree to your child having.

I have read and understood the attached information and wish to have the above named child vaccinated.

Yes: Hepatitis B 1st dose If your child has completed a course of hepatitis B vaccine in the past, further doses are not required. (See back of card)

Hepatitis B 2nd and final dose

Name of Parent or Guardian (please print):

Signature: _____ Date: ____ / ____ / ____

See the back of this card if the vaccine is not to be given.

Office Use Only:	
1st Dose:	Date: ____ / ____ / ____
2nd and Final Dose:	Date: ____ / ____ / ____