Version Date: 2026/07/08

Notice: Personal information contained in this document shall be handled and protected with due care in accordance with the Personal Data Protection Act.

_____(Year) Influenza Vaccination Programme

School Name：

Our school, in collaboration with the medical team contracted by the City/County Health Bureau, plans to provide Influenza vaccination services to the following students on / / at : . This notice is to inform you and obtain your consent. Please read the vaccination notice carefully, and submit the signed consent form indicating whether you agree or disagree with on-campus vaccination before the deadline, / / at : . Thank you for your support and cooperation.

*The scheduled vaccination date may be subject to change due to unforeseen events such as natural disasters or emergencies, or to accommodate administrative requirements for vaccination. If the scheduled vaccination date is changed due to the aforementioned circumstances, the responsible unit will notify you of the updated date to ensure a smooth vaccination process. If you later wish to change your vaccination decision, you may re-sign and submit a paper consent form to the same unit to update your records.

School Name： Date(_ _ _ _/_ _/_ _)

School Level/Department：

Grade： Class： Seat Number/Student ID：

Student Name：

英文版

Agree

I have read the Vaccination Notice and fully understand the efficacy, potential side effects, contraindications, and precautions associated with the Influenza Vaccination. I also confirm that the vaccine recipient has no contraindications as stated in the Notice.

If you agree to the on-campus vaccination, please sign here.

Pre-Vaccination Self-Assessment

	Yes	No
1. Have you ever had a severe allergic reaction(such as generalized rash/hives, difficulty breathing or anaphylaxis) to any component of an influenza vaccine or any other vaccine ?	☐	☐
2. Have you ever had a serious adverse reaction(such as Guillain-Barré Syndrome) after receiving the influenza vaccine ?	☐	☐
3. Have you ever been advised by a doctor not to receive the influenza vaccine ?	☐	☐

Please capture all content within the frame.

School Name： Date(_ _ _ _/_ _/_ _)

School Level/Department：

Grade： Class： Seat Number/Student ID：

Student Name：

英文版

Disagree

I have read the Vaccination Notice and fully understand the efficacy, potential side effects, contraindications, and precautions associated with the Influenza Vaccination. I also confirm that the vaccine recipient has no contraindications as stated in the Notice.

If you do not agree to the on-campus vaccination, please sign here.

Reason for not consenting to on-campus vaccination：

Please capture all content within the frame.

Version Date : 2026/06/01

The Publicly Funded Seasonal Influenza Vaccine Information Statement and Consent Form

Ⅰ.《Understanding Influenza and Influenza Vaccines》

- **Definition of Influenza:** An acute respiratory disease caused by "influenza viruses". Symptoms are more pronounced than a common cold and the clinical course is typically longer.
- **Symptoms:** Fever, headache, myalgia (muscle aches), fatigue, rhinorrhea (runny nose), sore throat, cough, etc.
- **Complications:** Pneumonia, otitis media, sinusitis, encephalitis, encephalopathy, myocarditis, and Reye syndrome. Severe cases may lead to death.
- **Transmission:** Primarily via respiratory droplets from coughing or sneezing. It can also spread through contact with surfaces contaminated with influenza viruses followed by touching the mouth or nose.
- **Infectious Period:** Individuals are infectious from 1 day before to 3-7 days after symptom onset.
- **Influenza Vaccines:**
  1. **Type:** Inactivated vaccine.
  2. **Composition:** Contain the antigen components recommended by the World Health Organization (WHO) for the current year.
  3. **Protection:** Immunity typically develops approximately 2 weeks after vaccination and lasts for 1 year.
  4. **Safety:** The vaccines are made from killed viruses and cannot cause influenza.
- **Importance of Student Vaccination:** Students are highly susceptible to influenza and are often the first to fall ill during flu season. They are also key spreaders of the virus. Vaccinating students helps reduce infection rates, lower medical costs, and limit the spread of virus to protect high-risk groups like the elderly and young children from severe complications.

Ⅱ.《Dosage, Intervals, and Fees》

The dose volume for students is **0.5 mL** per injection. Since the circulating strains may vary from year to year, **annual revaccination is required**.

Vaccination Schedule for Children Aged 6 months to Under 9 years:

<table>
<tr><th>Vaccination History/Age Group</th><th>Unvaccinated</th><th>Received 1 Dose Previously</th><th>Received 2 Doses Previously</th></tr>
<tr><td>6 months to < 3 years</td><td colspan="2">2 doses
(≥ 4 weeks apart)</td><td>1 dose</td></tr>
<tr><td>3 years to < 9 years</td><td>2 doses*
(≥ 4 weeks apart)</td><td colspan="2">1 dose</td></tr>
<tr><td>Enrolled students <9 years or individuals ≥ 9 years</td><td colspan="3">1 dose*</td></tr>
</table>

***Note:** Elementary school students requiring a second dose may receive it at a medical clinic at their own expense at least 4 weeks after the first dose given at school.

Influenza vaccines can be co-administered with other vaccines during the same visit at different injection sites, or at any interval. The vaccines provided this year are produced or imported by Adimmune Corporation, GlaxoSmithKline Consumer Healthcare (Taiwan) Co., Ltd., TTY Biopharm Company Limited, Sanofi, and Medigen Vaccine Biologics Corp. All five vaccine brands meet the registration requirements of the Taiwan Food and Drug Administration (TFDA) under the Ministry of Health and Welfare for both efficacy and safety. They have been approved for use or import, and will be provided in sequence based on their delivery schedules. **Students participating in the school vaccination program can receive one dose of the publicly funded vaccine free of charge. However, if they are unable to receive the vaccination on the scheduled date, they must bring the notice issued by the school to a designated medical institution to receive the vaccination, and will need to pay the related medical fees.**

III.《Vaccine Effectiveness》

Vaccine effectiveness varies (averaging 30-80%) based on the match between vaccine strains and circulating virus strains, as well as the recipient's age and health condition. For adults aged 18 years and older, the vaccine reduces flu-related hospitalization by approximately 48% and ICU admission for severe flu by 82%. Protection in children and adolescents aged 6 months to under 18 years is similar to that in adults.

IV.《Vaccine Contraindications and Precautions》

《Vaccine contraindications》

1. The vaccine should not be administered to anyone severely allergic to any component of the vaccine.
2. The vaccine should not be administered to anyone who has had severe allergic reactions to previous dose(s) of influenza vaccine.

《Vaccine precautions》

1. Individuals with moderate to severe acute illness with or without fever are advised to postpone vaccination until their condition has stabilized.
2. The vaccine is not administered to infants younger than 6 months of age due to limited clinical data on vaccine efficacy and safety.
3. Individuals who have suffered from Guillain-Barré syndrome within 6 weeks following a previous dose of influenza vaccine should consult doctors before receiving the vaccine.
4. The vaccine is not administered to persons deemed medically unfit for vaccination by a doctor.

V.《Common Vasovagal Reactions (Fainting) Among Adolescents》

Fainting is a physiological response triggered by psychological stress and fear. It commonly presents as dizziness or nausea; however, it is unrelated to vaccine safety and does not result in long-term complications. This phenomenon is occasionally observed in clusters during group vaccinations of adolescents. To prevent such occurrences, it is recommended that individuals avoid fasting or dehydration before vaccination, stay relaxed by listening to music or chatting, and remain in a seated position while receiving the injection. After being vaccinated, individuals should rest by sitting or lying down on-site and remain under close observation for 15 minutes to prevent injury from fainting or falling. If a fainting episode occurs, the individual should lie flat or sit down to rest immediately, and inform the medical staff. If symptoms persist, the individual should be sent for medical diagnosis and treatment.

VI.《Post-Vaccination Care》

1. **Vaccine Safety:**
   - **(1) Common Reactions:** Common reactions include injection site pain, swelling, mild fever, headache, myalgia, nausea, etc. These usually resolve spontaneously within 1-2 days.
   - **(2) Severe Reactions:** Extremely rare (e.g., anaphylactic shock), usually occurring within minutes to hours post-vaccination.
   - **(3) Recommendations for Individuals with Egg Allergies:** Based on international research and WHO recommendations, individuals with egg allergies can safely receive the influenza vaccine, as the rate of allergic reactions is not increased in those with a history of egg allergy.
   - **(4) Recommendations for Pregnant Women:** Both existing research and WHO reports indicate that receiving the inactivated influenza vaccine during pregnancy does not increase the risk of adverse pregnancy or fetal outcomes.
   - **(5) Rare Neurological Risks:** A very small number of case reports have noted neurological symptoms (such as Guillain-Barré syndrome) following vaccination. However, except for the influenza vaccines used in certain years, there is currently no definitive statistical evidence demonstrating a direct association of these symptoms with influenza vaccination.

2. **Post-Vaccination Instructions:**
   - **(1) Observation:** Remain at or near the vaccination site for at least 15 minutes for observation.
   - **(2) Bleeding Disorders:** Individuals on antiplatelet/anticoagulant medication or with coagulation disorders should apply pressure to the injection site for at least 2 minutes and monitor for bleeding or hematoma.
   - **(3) Emergency Medical Care:** Seek immediate medical attention if you experience persistent fever (>48 hours), changes in consciousness, respiratory distress, or tachycardia (rapid heartbeat). Inform the physician of your vaccination history and notify school staff.
   - **(4) Maintain Good Hygiene:** Vaccination reduces influenza risk but does not prevent other respiratory infections. Please maintain good hygiene to stay healthy.