

THE HONG KONG INSTITUTE OF EDUCATION

Preventive Measures Against Avian Influenza A (H7N9) -

Prescription for Influenza Antiviral Medicine
for Institutional Study/Business Trip to Affected Areas

The Institute has stockpiled influenza antiviral medicine in the Health Centre for emergency use and for prevention purpose for unavoidable study and business trips. Any staff member or student who has to visit areas affected by avian influenza A (H7N9) are entitled to subsidized prescription for the influenza antiviral medicine if the trip is arranged by the Institute and such travel is unavoidable.

PROCEDURE

1. Complete the attached form “Request for Influenza Antiviral Medicine for Institutional Study/Business Travel” by the organizing department.
2. Return the completed form to Health Centre located at A-1/F-21, by fax at 2948 6258 or via email at ling.ip@pacifichealthcare.com.hk.
3. Each participant is required to make an individual appointment with the Health Centre (Tel: 2948 6262). The aforesaid form shall therefore be submitted to the Health Centre no less than 3 working days in advance of the day of the first appointment.
4. The medicine will be prescribed by the physicians of the Health Centre based on individual health status.

* Please note that free consultation is only provided on the prescription for the influenza antiviral medicine.

THE HONG KONG INSTITUTE OF EDUCATION

Estates Office

**Request for Prescription of Influenza Antiviral Medicine
for Institutional Study/Business Tour**

Enquiries: 2948 6262 (Health Centre)

Notes:

- (1) Please fill in Part I and II of this form.
- (2) Please return the completed form to the Health Centre located in A-1/F-21, fax to **2948 6258** or via email at ling.ip@pacifichealthcare.com.hk normally no less than 3 working days in advance of the day of appointment.
- (3) Each participant is required to make an individual appointment with the Health Centre. To make an appointment, please call 2948 6262.
- (4) Free consultation service is provided only on the prescription of the influenza antiviral medicine.

PART I: TOUR INFORMATION

Name of Tour: _____

Destination(s): _____

Travel Period: From _____ to _____

Organizing Department: _____

Contact Person: _____ Contact Number: _____

PART II: DETAILS OF PARTICIPANTS

(If you need more space, please attach a separate sheet of paper.)

No.	Full Name of Participant	Department (staff) or Student ID (Student)	<i>Prescription Date (For Health Centre Use Only)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Signature: _____

Department's
Official Chop: _____

Name & Designation: _____

Date: _____