



Government Vaccination Programme 2016/17

**Seasonal influenza vaccination for poultry workers /
culling operation staff / pig farmers /
pig-slaughtering industry personnel**



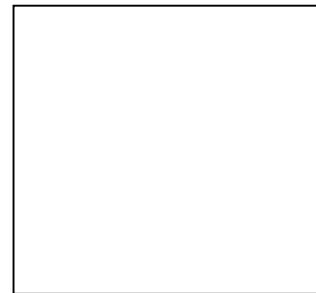
It is to certify that Mr / Ms* _____(Name on HKID)

(Contact Telephone No.: _____)

- is (*please choose*):
- working for our department (in touch with
poulties / pigs*)**
 - poultry worker**
 - culling operation staff**
 - pig farmer**
 - pig-slaughtering industry personnel**

Please make arrangement for his / her* seasonal influenza vaccination.

**Please delete as appropriate*



(Department's stamp)

Date : _____

- Note:**
- Please bring along with the Identity Card and Immunization Card (if any), when receiving free seasonal influenza vaccination at designated general out-patient clinic on date of vaccination.
 - Please take note of the remarks for each clinic to avoid busy hours as the injection hours may vary from clinics to clinics; and please make an appointment.