Page \_\_\_\_\_\_ of \_\_\_\_\_\_

To: Programme Management and Vaccination Division, Centre for Health Protection

Fax no.: 2713 6916

**Clinical Waste Collection Service under**

**Residential Care Home Vaccination Programme (RVP) 2020/21**

I hereby request for clinical waste collection service for the following Residential Care Home(s) /

Designated Institution(s) serving persons with intellectual disability / Residential Child Care Centre(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Code of RCH1 / PID2/ RCCC3** | **Name of RCH1 / PID2/ RCCC3** | **Quantity of Sharp Box(es)** | **Total Weight (kg)** |
| Example:  AB1234 | ABC Elderly Home | 1 | 0.5 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 1 RCH – Residential Care Home(s) |
| 2 PID – Designated Institution(s) serving Persons with Intellectual Disability |
| 3 RCCC –Residential Child Care Centre(s) |

|  |  |
| --- | --- |
| **Signature of**  **Visiting Medical Officer:** |  |
| **Name of**  **Visiting Medical Officer:** |  |
| **Date:** |  |

**(Please submit this request form by 31 May 2021.)**