

# **Enrolment Form A**

## **2023/24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme KG/CCC Outreach**

Please return this Form A to Programme Management and Vaccination Division, Emergency Response and Programme Management Branch of the Centre for Health Protection **by fax or email (Fax Number: 2320 8505/ Email Address: [sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)) on or before 30 June 2023**

Please put "✓" into the appropriate box(es).

**1. Will your school apply to the 2023/24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme?**

- Yes (Please continue to **Question 2**)  
 No (Application form ends. Please provide school information, sign below and return **Form A**)

**2. Will your school select vaccination team by yourself?**

- Yes, we opt for School Self-selection of Doctors (Please provide information and sign below and proceed to **Form B**. Please return **both Form A and Form B**).  
 No (Please **answer Question 3**, provide school information, sign below and return **Form A**. DH will match a service doctor with the school.)

**3. Which type of vaccine would your school prefer? (Please tick one)**

- Injectable type (inactivated seasonal influenza vaccines)  
 Nasal spray type (live attenuated seasonal influenza vaccines)  
 No preference (accepts both types)

Name of School :

School Address :

Number of Students:

Region of the School:

Hong Kong/ Kowloon/  
New Territories East/ New Territories West

Telephone Number:

Email Address :

Fax no. :

Signature of School  
Representative:

Name of School Representative:

Rank of School Representative:

Date :

**School Chop :**