

Enrolment Form A

2023/24 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme **Primary School 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) 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 provide school information, sign below and **return Form A**. DH will match a service doctor with the school.)

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 :