

Enrolment Form A

2022/23 Seasonal Influenza Vaccination School Outreach (Free of Charge) Secondary 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 1 November 2022.

Please put “✓” into the appropriate box(es).

1. Will your school apply for the 2022/23 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme?

Yes (Please continue to **Question 3**)

No. Reason of not joining: _____

(Please continue to **Question 2**)

2. Will your school arrange school outreach influenza vaccination through Vaccination Subsidy Scheme School Outreach (Extra Charge Allowed) (<https://www.chp.gov.hk/en/features/100634.html>)?

Yes (Application form ends. Please provide school information, sign below and **return Form A** and please liaise directly with Doctor on the VSS doctor list: https://www.chp.gov.hk/files/pdf/list_of_doctors_providing_vaccination_at_non_clinic_settings_en.pdf)

No. (Application form ends. Please provide school information, sign below and **return Form A**)

3. 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. :

Name of School Representative:

Rank of School Representative:

Date :

School Chop :