

To: PMVD, CHP
Email: hpvp@dh.gov.hk

From: _____ (Name of Organisation)
Name: _____ (Contact person)
Tel: _____
Date: _____

Please check with school, complete the form below and email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Email: **hpvp@dh.gov.hk**) **within one working day after collection of consent forms.**

**Human Papillomavirus (HPV) Vaccination Catch-up Programme
Public-Private-Partnership (PPP) Vaccination Team**

Consent Forms Receipt Note

This is to acknowledge that the PPP Vaccination Team under
Dr. _____ (Name of Doctor) of
_____ (Organisation)
has collected _____ (Quantity) Consent Forms from
_____ (Name of School) on
_____ (Date).

**Signature of Collector and Organisation
Chop of
the PPP Vaccination Team**

**Signature of School Representative
and School Chop**

**Name of Collector of
the PPP Vaccination Team**

Name of School Representative