

(Applicable only to Secondary Schools, including the secondary section of Special Schools)



Department of Health
Human Papillomavirus (HPV)
Vaccination Catch-up Programme
Number of Students Consent/ Refuse to Receive
Human Papillomavirus (HPV) Vaccination in Each Class



1. Count and fill in no. of students consent/ refuse to receive HPV vaccination in each class after collecting the Consent Forms from parents/ guardian.
2. Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect the Consent Forms showing who agree to receive HPV vaccination from the schools. Please pass this form together with those agreed Consent forms to them.
3. Thereafter, email a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection via hpvp@dh.gov.hk within **ONE WORKING DAY**.

Secondary 5 / 6* or Others (Please specify: _____)

(The following information is shown in Item 3 and 4 of Part I of the Consent Form)

| Class | No. of consented students | | | | | | Total |
|---|---------------------------|--|--|--|--|--|-------|
| | | | | | | | |
| Have not received HPV vaccine before (A1) | | | | | | | |
| Received 1 dose of HPV vaccine (A2) | | | | | | | |
| Received 2 doses of HPV vaccine (A3) | | | | | | | |
| Received 3 or more doses of HPV vaccine (A4) | | | | | | | |
| Total (A1+A2+A3+A4) | | | | | | | |

| Class | No. of consented students who are immunocompromised | | | | | | Total |
|---|---|--|--|--|--|--|-------|
| | | | | | | | |
| Have not received HPV vaccine before (B1) | | | | | | | |
| Received 1 dose of HPV vaccine (B2) | | | | | | | |
| Received 2 doses of HPV vaccine (B3) | | | | | | | |
| Received 3 or more doses of HPV vaccine (B4) | | | | | | | |
| Total (B1+B2+B3+B4) | | | | | | | |

*Please circle the option(s) as appropriate

Total no. of consented students: _____

(The following information is shown in Part II of the Consent Form)

| Class | No. of students disagree to receive HPV vaccination with reason(s) | | | | | | Total |
|---|--|--|--|--|--|--|-------|
| | | | | | | | |
| Fully vaccinated with HPV vaccine | | | | | | | |
| With a history of serious allergic reaction to any of the vaccine components, or following a previous dose of HPV vaccine | | | | | | | |
| With a history of severe allergic reaction to yeast (used in baking bread) | | | | | | | |
| Currently pregnant | | | | | | | |
| Worried about adverse effects | | | | | | | |
| Others (^Please specify: _____) | | | | | | | |

^Please use additional sheet if necessary.

Total no. of students disagree to receive HPV vaccination: _____

School Chop: _____
 Name of School: _____
 Date: _____