

Date: \_\_\_\_\_

Dear Student/ Parents or Guardian of \_\_\_\_\_ (Name of Student/ Class),

**Human Papillomavirus (HPV) Vaccination Catch-up Programme**

**Notification to Student/ Parents or Guardian of Student**  
**Who Has Not Been Given Human Papillomavirus (HPV) Vaccination**

The Department of Health (DH) has arranged vaccination team by designated doctor to provide human papillomavirus (HPV) vaccination to students at school today.

After the assessment, the vaccination team did **NOT** vaccinate you/ your child/ ward\* because you/ your child/ ward\*:

- ☐ was/ were absent from school
- ☐ had physical discomfort [e.g. flu symptoms/ fever (body temperature \_\_\_\_ °C)/ others \_\_\_\_\_]
- ☐ refused vaccination
- ☐ may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.
- ☐ others (please specify: \_\_\_\_\_)

The vaccination team will not rearrange HPV vaccination for you/ your child/ ward\* at school.

Please make an appointment with a School Immunisation Team sub-office or a Student Health Service Centre for reservation of HPV vaccination, i.e. NO walk-in session.

Documents to bring:

- 1) Signed Consent Form;
- 2) This Notification; and
- 3) Identity Document.

Name of Medical Organisation and Official Stamp : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

\*Vaccination team please delete where appropriate and tick “✓” in the appropriate ☐ box

Information on School Immunisation Teams Sub-offices	Information on Student Health Service Centres
	