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 Immunocompromised Student on Completion of 3 doses of 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 -

(A) For cases where 1st dose of HPV vaccine has been administered

☐ administer the 1st dose of HPV to you/ your child/ ward* and please make an appointment with a Note School Immunisation Team sub-office or a Student Health Service Centre for reservation on 2nd and 3rd dose of HPV, i.e. NO walk-in session.

2nd dose (at least ONE month after the 1st dose)	3rd dose (at least FIVE months after the 2nd dose)
Date after: (DD/MM/YYYY)	Date after: (DD/MM/YYYY)

(B) For cases where no HPV vaccination has been done at schools

☐ HPV vaccine has not been administered to you/ your child/ ward* after assessment due to the physical condition [e.g. flu symptoms/ fever (body temperature ____ °C)/ others_____]

☐ you/ your child/ ward* refused vaccination

☐ you/ your child/ ward* may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.

Please make an appointment with a Note School Immunisation Team sub-office or a Student Health Service Centre for completion of 3-dose HPV vaccination, i.e. NO walk-in session.

Note Documents to bring: 1) Signed Consent Form; 2) This Notification; and 3) Identity Document.

Name of Medical Organisation and Official Stamp : _____

Telephone Number : _____

* Please delete where appropriate and please tick "✓" in the appropriate ☐ box

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