

(On Vaccination Day)



**Department of Health  
Human Papillomavirus (HPV)  
Vaccination Catch-up Programme**



To: Vaccination Team

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

**List of Students Withheld Human Papillomavirus (HPV) Vaccination**

If the students are not able to have vaccination, please fill in the details and submit to the vaccination team **before the start of activity** on the vaccination day.

| (If applicable )<br>Class | (If applicable)<br>Class No. | Name of Student | Students with consent for vaccination BUT withhold vaccination today because of<br>(Please put a “✓” to the appropriate box): |                     |                             | Remarks |
|---------------------------|------------------------------|-----------------|---|---------------------|-----------------------------|---------|
|                           |                              |                 | Absence   | Physical discomfort | Other reasons (pl. specify) |         |
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