

Enrolment Form
Human Papillomavirus (HPV) Vaccination Catch-up Programme –
Secondary School

Please **complete and return the Enrolment Form** to the Programme Management and Vaccination Division of the Centre for Health Protection by email to **hpvp@dh.gov.hk** on or before **22 November 2024**.

Part I. Preference of Outreach Activities

Please put “√” into the appropriate box(es).

Which vaccination arrangement does your school prefer?

- ☐ School Self-selection of Doctors (Please proceed to **Part II and III, sign below and return this form.**)
- ☐ DH-matching (Please proceed to **Part II, sign below and return this form.** DH will match a service doctor with the school.)
- ☐ HPV vaccination activity has already been arranged by the school earlier.

Part II. School Information

Name of School :

School Address :

Estimated Number of Eligible
Female Students from S5 and
above or equivalent grades:

For Boys' Schools only:
Are there any female students
studying in the school*

Yes	No
Number of girls:	

Region of the School*:

Hong Kong/ Kowloon/ New Territories East/ New Territories West

Telephone Number:

Email Address :

Fax no. :

Signature of School
Representative:

Name of School Representative:

Post title of School
Representative:

Telephone Number:

Date :

School Chop :

*Please circle the option as appropriate

(Continued on next page)

Part III. Information of the Self-Selected Service Doctor

Once your school has selected a service doctor and reached mutual agreement, please **provide information in Part A and B** and return to the Programme Management and Vaccination Division of the Centre for Health Protection by email to **hpvp@dh.gov.hk** **on or before 22 November 2024.**

Name of School: _____

Part A- To be filled by school

Our school **agrees** to join the Human Papillomavirus (HPV) Vaccination Catch-up Programme and has contacted the following doctor to provide free HPV vaccination service to students.

Name of doctor: _____

Name of medical organisation: _____

Part B – To be filled by the service doctor

I **agree** to provide outreach vaccination service to the above school under the School Self-selection of Doctors.

Signature of Enrolled Doctor :

Contact person:

Post title of Contact person:

Telephone number of
doctor/medical organisation:

Clinic/ Medical Organisation Chop :
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(End of Enrolment Form)