

To: Vaccination Office
 Fax: 2713 9576

Notification on Vaccination Activity at Non-clinic Settings
under “Vaccination Subsidy Scheme” (VSS) or
“Enhanced VSS Outreach Vaccination”

Notes

1. This notification should be submitted to Vaccination Office **at least two weeks** before the vaccination date. Even if certain details of the activity are yet to be confirmed, you are required to first notify this office at least two weeks before the proposed vaccination date then submit the details upon confirmation. Please note that failure to submit this notification two weeks in advance is a non-compliance with the Doctors’ Guide and the terms and conditions of the Agreement of VSS.
2. Please submit a separate notification for each activity session.
3. The information that you provide on this notification may also be forwarded to other parties, including other Government bureaux and departments, in relation to the provision of healthcare services by the Government, for statistical and research purposes, or any other legitimate purposes related to regulation of healthcare services or law enforcement.
4. Staff of the Department of Health (DH) may conduct on-site inspection to monitor the service quality of outreach vaccination activity and take follow-up actions on any irregularities found as appropriate.

General Information	
(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)	
A. Vaccination Activity	
Date:	_____ (dd / mm / yy)
Time:	_____
(Please circle as appropriate) from	_____ (a.m. / p.m.) _____ (a.m. / p.m.)
Venue Name:	_____
Address:	_____
Session:	_____
(Please circle as appropriate)	1 st / 2 nd / 3 rd / 4 th / 5 th session
Estimated Number of Vaccine Recipients:	_____
B. Information of Enrolled Doctor and the Medical Organisation	
Doctor Name:	_____ SPID: _____
Medical Organisation Name:	_____
Contact Person Name:	_____
Contact Telephone Number:	_____
C. Information of the Co-organiser(s)	
Co-organiser(s) Name:	_____
Contact Person Name:	_____
Contact Telephone Number:	_____

D. Management of the Vaccination Activity

Staff Support: Number of on-site staff provided on the day of vaccination

Qualification of the on-site staff	Number of
Doctor	
Registered Nurse	
Enrolled Nurse	
Clinic Staff	
Other Supporting Staff	
Total	

Service Fees Information:
[NOT applicable to
"Enhanced VSS Outreach Vaccination"]

Vaccine Type	Service Fees (Persons eligible to use subsidy)	Service Fees (Persons NOT eligible to use subsidy)
QIV	\$	\$
TIV	\$	\$
23vPPV	\$	\$
PCV13	\$	\$

Storage of Vaccines:
(Put a "✓" as appropriate)

- will be stored in purpose-built vaccine refrigerator
- will be stored in domestic frost-free refrigerator or stand-alone domestic refrigerator (without freezer compartment) with regular checking of temperatures

Vaccine Transport and Handling:
(Put a "✓" as appropriate)

- will be stored in cold box(es), equipped with ice packs, maximum-minimum thermometers, insulating materials, etc. with regular checking of temperature
- will be delivered onsite by vaccine supplier

Clinical Waste Management
(Put a "✓" as appropriate)

- Upon completion of the vaccination activity, the clinical waste:
- will be collected by licensed collector immediately
 - will be delivered to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional immediately
 - will be temporarily stored in a locked cabinet at the vaccination venue and delivered to Tsing Yi CWTC by healthcare professional afterwards
 - will be temporarily stored in a locked cabinet at the vaccination venue until collection by licensed collector

(Official Stamp)

Signature of Enrolled Doctor

Authorised Signature

For and on behalf of the Medical Organisation

Name in Block Letters

Name in Block Letters (Authorised Signatory)

Date: _____