

To: Programme Management and Vaccination Division (PMVD)

(Fax: 2713 9576 or E-mail: covid19_vss@dh.gov.hk)

Vaccine Type (Put a "✓" as appropriate)			
Inactivated COVID-19 Vaccine	<input type="checkbox"/>	mRNA COVID-19 Vaccines (12 years old or above) Please specify brand: _____	<input type="checkbox"/>
Seasonal Influenza Vaccines	<input type="checkbox"/>	Pneumococcal Vaccines	<input type="checkbox"/>

Notification for COVID-19 Outreaching Vaccination at Non-clinic Setting under Vaccination Subsidy Scheme (VSS)
(Also Applicable to Co-administration of SIV)

Notes

1. This notification should be submitted to PMVD **at least seven working days** before the vaccination date. Even if certain details of the activity are yet to be confirmed, this Division should be notified at least seven working days before the proposed vaccination date and the information should be submitted after the details are confirmed. Failure to notify seven working days in advance is a non-compliance with the COVID-19 Vaccination Programme at Non-Clinic Setting Agreement with enrolled doctors under VSS.
2. Please submit a separate notification for each outreach visit. For co-administration of SIV, there is no need to submit a separate VSS Outreach Notification.
3. Upon receipt of the Notification Form, the PMVD will provide a venue code. This code is required for submission of the reimbursement claims and will be printed on the vaccination record provided to the vaccine recipients.
4. Please DO NOT display the logo/ name of any government departments (e.g. Department of Health) on the publicity materials. NO publicity/ promotion material of the enrolled doctor and the medical organisation shall be displayed / distributed during the vaccination activity.
5. The information that you provide on this notification may also be forwarded to other third parties, including other Government bureaux and departments, for the provision of healthcare services, for statistical and research purposes, or any other legitimate purposes related to regulation of healthcare services or law enforcement.
6. Staff of the Department of Health (DH) may conduct on-site inspection to ensure the quality of outreach vaccination services and take appropriate actions on any irregularities found.
7. Staff of the Environmental Protection Department (EPD) might conduct surprise on-site inspection to ensure the compliance of the Waste Disposal (Clinical Waste) (General) Regulation (Cap 354O). Enquiry could be made on 3178 9356.
8. When you have any updates to the activity or if you have any enquiries, please contact us at 2125 2299 / 3975 4806, or email to covid19_vss@dh.gov.hk.

General Information

(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)

A. Information of Vaccination Outreach Visit and Activity Organiser

Name of activity organiser (In English) : _____

(In Chinese) : _____

Outreach venue (In English) : _____

Code (by DH): _____

(In Chinese) : _____

Address of outreach venue (In English) : _____

Address of outreach venue (In Chinese) : _____

Contact Person and Contact No. : _____

Date of injection :			
Type of dose :	1 st / 2 nd / 3 rd / 4 th dose / Others, please specify: _____		
Duration for one-on-one consultation (if any) :	Hours (round down to the nearest half hour)		
Duration for health talk session (if any) :	Hours (round down to the nearest half hour)		
Total amount of the service fee payable by the activity organiser for the outreach visit (if any) :			
B. Co-administration of Seasonal Influenza Vaccination and/or Pneumococcal Vaccination (if applicable)			
Type of Organiser	Estimated Number of Vaccine Recipients		
<input type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre			
<input type="checkbox"/> Secondary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Primary School			
<input type="checkbox"/> Kindergarten / Child Care Centre			
For activities to be held in secondary school / primary school / kindergarten / child care centre: This activity is / is not (delete as appropriate) under the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme.			
Session :	1 st / 2 nd / 3 rd / 4 th session / Others, please specify: _____		
Service Fees Information : (For Seasonal Influenza Vaccination Only; Not applicable to the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme)	Vaccine Type	Service Fees (For eligible recipients)	Service Fees (For ineligible recipients)
	Inactivated influenza vaccine	\$	\$
	Live attenuated influenza vaccine	\$	\$
	Recombinant influenza vaccine	\$	\$
	23vPPV	\$	\$
	PCV13	\$	\$
	PCV15	\$	\$
Vaccine Transport to Venue for Seasonal Influenza Vaccination : (Put a "✓" as appropriate)	<input type="checkbox"/> By Vaccine supplier <input type="checkbox"/> By enrolled doctor / medical organisation: in tested cold box(es), with proper ice packs, insulating materials, etc. and continuous temperature monitoring using data logger / maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____		
C. Information of Enrolled Doctor and the Medical Organisation			
Name of doctor:	SPID: _____		
Medical organisation:	_____		
Contact person :	_____		
Contact number :	_____		

D. Management of the Vaccination Activity		
Number of on-site staff provided on the day of vaccination : *At least one doctor in charge and one registered nurse with emergency training such as Basic Life Support should be present throughout the vaccination activity	Qualification of on-site staff	Number
	Doctor*	
	Registered Nurse*	
	Enrolled Nurse	
	Other Supporting Staff	
	Total	
Vaccine storage equipment: (Put a "✓" as appropriate)	<input type="checkbox"/> Vaccine supplier will transport the vaccines to the venue direct <input type="checkbox"/> Purpose-built vaccine refrigerator (PBVR) <input type="checkbox"/> Others, please specify: _____	
Monitoring of vaccine temperature: (Put a "✓" as appropriate)	(i) Regular checking and manual recording of temperature <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Device used for continuously temperature monitoring of the PBVR <input type="checkbox"/> Data logger (in-built or stand-alone) <input type="checkbox"/> Maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____	
Clinical waste arrangement: (Put a "✓" as appropriate)	Upon completion of the vaccination activity, the clinical waste: <input type="checkbox"/> Will be collected by licensed collector onsite immediately <input type="checkbox"/> Will be delivered directly to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional immediately <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue and delivered directly to Tsing Yi CWTC by healthcare professional afterwards <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue until collection by Licensed Clinical Waste Collector	

(Official Stamp)

Signature of Enrolled Doctor

Authorized Signature
For and on behalf of Medical Organisation

Name in Block Letters

Name in Block Letters (Authorized Signatory)

Date: _____

(Official Stamp)

For Government Bureau/ Department
arrange/ sponsor this outreaching activity

Authorized Signature
For and on behalf of the Activity Organiser

Name in Block Letters (Authorized Signatory)

Date: _____