

Vaccination Activity at Non-Clinic Setting under Vaccination Subsidy Scheme (VSS)
Vaccination Report (On Vaccination Day)

Please check and email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Email Address: yssor@dh.gov.hk) **within 7 days after completion of each vaccination activity.**

*Counting (i) actual no. of vaccinated people on vaccination day (may vary from the no. of persons consented) and (ii) the no. of children, if any amongst

A. Information of outreach vaccination visit and activity organiser			
Name of Doctor		Registration No.	M
Healthcare Service Location		Outreach Code	VR
Name of Organiser			
Date of Vaccination			
B. Vaccine Type (Put a “✓” as appropriate)			
<input type="checkbox"/> Inactivated influenza vaccine (Injectable) (IIV)	<input type="checkbox"/> Recombinant influenza vaccine (Injectable) (RIV)		
<input type="checkbox"/> Live-attenuated influenza vaccine (Nasal Spray) (LAIV)	<input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine (23vPPV)		
<input type="checkbox"/> 15-valent pneumococcal conjugate vaccine (PCV15)	<input type="checkbox"/> Others, please specify: _____		
C. Number of Persons Vaccinated			
Estimated total no. of persons before vaccination day			
Total no. of persons vaccinated*	IIV:	(2 nd Dose: _____)	
	RIV:	(2 nd Dose: _____)	
	LAIV:	(2 nd Dose: _____)	
	23vPPV:		
	PCV15:		
	Others (please specify):		

all, aged under 9 and vaccinated with 2nd dose in this vaccination activity.

Fill in by **Organiser**

Fill in by **Doctor**

Signature _____ Name _____ Date _____ Contact No. _____	Signature _____ Name _____ Date _____ Contact No. _____
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