



Department of Health



Residential Care Home Vaccination Programme

Reply Slip

Objection to the Administration of Influenza and Pneumococcal Vaccine to a Resident of a Residential Care Home (RCH)¹

Name of the RCH : _____

Name of the Resident : _____

I am the ***parent/guardian/relative** of the above-name resident and learnt that the above-named resident was assessed to be suitable for receiving vaccination. I **object to the administration of the below vaccine to the above-named resident:** *(Please select and tick one of the options below)*

- ☐ Seasonal Influenza Vaccine
- ☐ 13-valent Pneumococcal Conjugate Vaccine
- ☐ 23-valent Pneumococcal Polysaccharide Vaccine

I understand that not receiving vaccination will increase the risk of hospitalisation due to serious illness or even death should the resident get infected, and will pose threats to other residents, staff of the RCH and the overall operation of the RCH.

I understand that I have to return this Reply Slip within 14 days from the date of issue of the Notice. Otherwise, the visiting medical officers will administer the vaccines to the above-named resident as necessary and appropriate based on the resident's best interest.

Signature of the resident's parent/guardian /relative*: _____

Name of the resident's parent guardian/ /relative*: _____

Contact number: _____

Date: _____

** Delete whichever is inappropriate*

¹ The parent/guardian/relative may return the Reply Slip to the RCH concerned by their normal means of communication (e.g. in person, SMS, mail, fax or e-mail etc.).