

Residential Care Home Vaccination Programme

Reply Slip

**Objection to the Administration of Seasonal Influenza Vaccine
to a Non-Institutionalised Person with Intellectual Disability (PID) Receiving
Service in a Designated Institution (DI) ¹**

Name of the DI : _____

Name of the PID : _____

I am the *parent/guardian/relative of the above named PID and learnt that if above-named PID is assessed by a doctor as suitable for receiving the 2025/26 Seasonal Influenza Vaccine, he/she will be administered the vaccine. **I object to the administration of the Seasonal Influenza Vaccine to the above-named PID.**

If you object to the above vaccine, please provide reasons: _____

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

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

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

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

Contact number: _____

Date: _____

* Delete whichever is inappropriate

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