



Residential Care Home Vaccination Programme

(Name of the PID, to be filled by the DI)

(Date of issue of the Notice, to be filled by the DI)

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

The above-named PID, currently receiving service in _____ (name of the DI, to be filled by the DI). If the above-named PID is assessed by a doctor as suitable for receiving the 2026/27 Seasonal Influenza Vaccine, the above-named PID will receive the vaccine(s). As the above-named PID is unable to give consent for vaccination, your view (parent/guardian/relative) is consulted.

If you have considered and understood that, not receiving vaccination(s) will increase the risk of serious illness, hospitalisation or even death if the above-named PID gets infected, but object the administration of vaccine(s) to the above-named PID nonetheless, please return the completed “Reply Slip – Objection to the Administration of Seasonal Influenza Vaccine to a Non-Institutionalised Person with Intellectual Disability Receiving Service in a Designated Institution” to the DI concerned¹ before _____ (two weeks from the date of issue of this Notice, to be filled by the DI) to indicate that you clearly object to the administration of influenza vaccine to the above-named PID. Otherwise, the doctor will administer the vaccine to the above-named PID as necessary and appropriate based on the PID’s best interest.

For enquiries, please contact the DI staff concerned.

Department of Health (DH)

2026

(Letter to be issued by DIs on behalf of DH)

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.).