Department of Health

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 the above-named PID is assessed by a doctor as suitable for receiving the 2026/27 Seasonal Influenza Vaccine, **I object to the administration of the Seasonal Influenza Vaccine to the above-named PID**.

If you object to the administration of the above-named vaccine, please provide reason(s):

_____

_____

I understand that not receiving vaccination will increase the risk of serious illness, hospitalisation or even death if the above-named PID gets 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.).