



**Residential Care Home Vaccination Programme**

**Reply Slip**

**Objection to the Administration of Seasonal Influenza Vaccine  
to a Resident of a Residential Child Care Centre (RCCC)<sup>1</sup>**

Name of the RCCC : \_\_\_\_\_

Name of the Resident : \_\_\_\_\_

I am the \*parent/guardian of the above-name resident and learnt that if above-named resident is assessed by a doctor as suitable for receiving the Seasonal Influenza Vaccine in the future. I **object to the administration of the Seasonal Influenza Vaccine.**

**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 resident get infected, and will pose threats to other residents, staff of the RCCC and the overall operation of the RCCC.

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 vaccines to the above-named resident as necessary and appropriate based on the resident's best interest.

Signature of the resident's parent/guardian\*: \_\_\_\_\_

Name of the resident's parent/guardian\*: \_\_\_\_\_

Contact number: \_\_\_\_\_

Date: \_\_\_\_\_

\* Delete whichever is inappropriate

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<sup>1</sup> 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.).