Department of Health

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)[1]

Name of the RCCC : _____

Name of the Resident : _____

I am the *parent/guardian of the above-named resident and learnt that if the above-named resident is assessed by a doctor as suitable for receiving the Seasonal Influenza Vaccine, **I object to the administration of the 2026/27 Seasonal Influenza Vaccine.**

If you object to the administration of the above-named vaccine(s), 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 resident gets 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

[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.).