

## **Residential Care Home Vaccination Programme**

## **Reply Slip**

Objection to the Administration of Seasonal Influenza Vaccine or Pneumococcal Vaccine to a Resident of a Residential Care Home (RCH)<sup>1</sup> (Only applicable to residents who are unable to give consent)

Name of the RCH	:
Name of the Resident	:
named resident is assessed by a	n/relative of the above-name resident and learnt that if above- a doctor as suitable for receiving the Seasonal Influenza Vaccine the future. I <b>object to the administration of the below vaccine to</b>
	ease select and tick appropriate option below)
□ 2025/26 Season	al Influenza Vaccine (Inactivated Influenza Vaccine)
□ 2025/26 Season	al Influenza Vaccine (Recombinant Influenza Vaccine) <sup>2</sup>
☐ 15-valent Pneum	ococcal Conjugate Vaccine <sup>2</sup>
☐ 23-valent Pneum	ococcal Polysaccharide Vaccine <sup>2</sup>
If you object to the above	ve vaccines, please provide reasons:
I understand that not rec	eiving vaccination will increase the risk of hospitalisation due to
serious illness or even death sho	ould the resident get infected, and will pose threats to other residents
staff of the RCH and the overal	1 operation of the RCH.
I understand that I have to	o return this Reply Slip within 14 days from the date of issue of the
Notice. Otherwise, the doctor	or will administer the vaccines to the above-named resident as
necessary and appropriate base	d on the resident's best interest.
Signature of the resident's pa	arent/guardian /relative*:
Name of the resident's pa	arent guardian/relative*:
	Contact number:
	Date:
* Delete whichever is inapprop	riate

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.).

Recombinant Influenza Vaccine and Pneumococcal Vaccine are only applicable to the residents of Residential Care Homes for the Elderly and residents of Residential Care Homes for Persons with Disabilities aged 65 years or above.