

Residential Care Home Vaccination Programme

(Name of the Resident, to be filled by the RCH)

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

**Notice of Objection to the Administration of Seasonal Influenza Vaccine or
Pneumococcal Vaccine
to a Resident of a Residential Care Home (RCH)
(Only applicable to residents who are unable to give consent)**

The above-named resident, currently living in _____ (name of the RCH, to be filled by the RCH), If he/she is assessed by a doctor as suitable for receiving the 2025/26 Seasonal Influenza Vaccine and Pneumococcal Vaccine , he/she will be administered the vaccine. As the resident is unable to give consent for vaccination, your view (parent/guardian/relative) is consulted.

If you have considered and understood that not receiving vaccination will increase the risk of serious illness or even death should the resident get influenza or pneumococcal infection, but object to the administration of vaccine to the resident nonetheless, please return the completed “Reply Slip – Objection to the Administration of Seasonal Influenza Vaccine or Pneumococcal Vaccine to a Resident of a Residential Care Homes” to the RCH concerned¹ before _____ (two weeks from the date of issue of this Notice, to be filled by the RCH) to indicate that you clearly object to the administration of influenza vaccine or pneumococcal vaccine to the above-named resident. Otherwise, the doctor will administer the vaccines to the above-named resident as necessary and appropriate based on the resident’s best interest.

For enquiries, please contact the RCH staff concerned.

Department of Health (DH)

2025

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

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.).