Form B

To: Programme Management and Vaccination Division
Fax Number: 2984 9608
Email Address: pilotsiv@dh.gov.hk
(Please fax or email to Programme Management and Vaccination Division **on or before 15 May 2020**)

Name of Enrolled Doctor : _____
Service Provider ID : _____
Name of Medical Organisation : _____
Contact Number : _____
Contact Email : _____
Date : _____

Assessment Form for Doctors applying to 2020/21 SIV School Outreach (Free of Charge)

This assessment form will be used by DH to assess whether the doctor has fulfilled the requirements for applying to the programme. Please ensure that all parts in the form are completed and the information is accurate.

Please check the appropriate box(es).

	YES	NO
1. Are you ready to provide a doctor(s)/ registered nurse(s)/ enrolled nurse(s) for supervising the vaccination activities onsite?	☐	☐
For Primary School Outreach **ONLY**		
2. Do you have a previous vaccination outreach experience(s) in schools with students >500?	☐	☐
3. Are you ready to provide outreach vaccination service during normal school hours (Mon-Fri, 8am-3pm)?	☐	☐
4. An average size of a primary school is around 650 students, are you ready to complete the 1st dose activity within 2 days and the 2nd dose activity within 1 day?	☐	☐
For KG/CCC Outreach **ONLY** **(**which requires self-purchase and deliver of vaccines)		
5. Do you have the capacity to purchase, store and deliver vaccines for outreach activities?	☐	☐
6. Which type of fridge are you using for vaccine storage in your clinic? Please specify the brand and model of your fridge using for vaccine storage and submit a photo if the type of fridge is not purpose-built vaccine refrigerator or domestic fridge.	☐ a) Purpose-built Vaccine Refrigerator ☐ b) Domestic Fridge[1] Please specify: _____	

Signature of Enrolled Doctor : _____ Clinic Chop : _____

[1] Refers to domestic frost-free refrigerator or stand-alone domestic refrigerator (without freezer compartment).