

2025/26
Seasonal Influenza Vaccination
School Outreach
Programme (SIVSOP)

Schools' Guide for
Secondary Schools, Primary Schools,
Kindergartens, Kindergarten-cum-Child
Care Centres and Child Care Centres

Applicable to both “Government Supply
Vaccine Mode” and “Doctor Supply
Vaccine Mode”

Updated in August 2025

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DISCLAIMER

This Schools' Guide for 2025/26 Seasonal Influenza Vaccination School Outreach Programme (SIVSOP) illustrates the roles and responsibilities of the participating schools when collaborating with the Department of Health (DH)/ private medical organisations to provide outreach vaccination to students at schools.

The contents of this Guide will be updated from time to time for schools' reference. Please refer to the latest version at the following link (https://www.chp.gov.hk/files/pdf/schoolguide_eng.pdf). If you have any comments or questions, please contact Programme Management and Vaccination Division (PMVD), DH, at 2125 2128.

The English version shall prevail in case of any discrepancy or inconsistency between the English and Chinese versions.

Centre for Health Protection,
Department of Health,
The Government of Hong Kong Special Administrative Region
of the People's Republic of China
August 2025

1. Introduction

Vaccination is one of the most effective ways to prevent seasonal influenza and its complications. In order to lower the risks of serious complications and hospitalisation from seasonal influenza infection, the Government has been providing subsidised/ free seasonal influenza vaccination (SIV) to eligible children/ adolescents aged 6 months to less than 18 years (or aged 18 years or above but attending secondary schools in Hong Kong).

2025/26 SIVSOP will cover all secondary schools (SS) (including secondary section of special schools), primary schools (PS) (including primary section of special schools), kindergartens (KGs), kindergarten-cum-child care centres (KG/CCCs), and child care centres (CCCs), so as to provide seasonal influenza vaccination outreach services to students.

This Guide serves as a reference for schools. The information covers:

- Application and participation method of the Programme;
- Preparation before vaccination; and
- Arrangements on the vaccination day and upon completion of vaccination.

More information about SIVSOP including Frequently Used Forms, Presentation Materials in Briefing Sessions, Videos on Venue Setup and Temporary Storage of Clinical Waste, please refer to the webpage: <https://www.chp.gov.hk/en/features/100634.html>.

The vaccination teams will contact school regarding the upcoming outreach activity in due course. Please assign a responsible teacher/staff of the school to follow up with the vaccination team for the detailed arrangement. If you have any enquiries, please contact DH at 2125 2128 or your vaccination team. Please notify us as soon as possible if there is any change in the vaccination activity in special circumstances.

2. Application and Eligibility

Application

An “opt-out” approach will be adopted for the SIVSOP in 2025/26. Schools are required to indicate their preferred arrangement for the SIV school outreach activities. All school children of the participating schools can receive free or subsidized seasonal influenza vaccination, through Public-Private-Partnership (PPP) vaccination teams. There are two modes under SIVSOP, namely the “Government Supply Vaccine Mode” (formerly called the “SIV School Outreach (Free of Charge) Programme”) and “Doctor Supply Vaccine Mode” (formerly called the “Vaccination Subsidy Scheme (VSS) School Outreach (Extra Charge Allowed)”). Participating schools are required to indicate their preferred mode in the Reply Form.

If schools provide SIV for their schoolchildren by other outreach mode (e.g. Residential Care Home Vaccination Programme (RVP), self-organised outreach activity which is not under DH by cooperating with doctors / medical organisation), please provide details in the Reply Form. Schools joining other outreach programme are also required to submit the students' vaccination rate to the Department of Health (DH) near the end of season.

If schools decided not to participate in any SIV school outreach activity, please state the reason of not participating in the Reply Form, and pay attention to the following:

1. The DH will continue to upload “List of schools/child care centres not arranging SIV school outreach” on the Center for Health Protection Website, so as to remind parents to bring their children to receive SIV as soon as possible.
2. Schools are required to issue a parent letter to appeal parents for the self-arrangement of SIV for their children. Nevertheless, issuing the parent letter cannot replace conducting the school outreach activity.
3. Schools are required to complete a survey on collecting their students' vaccination rate near the end of the season.

Furthermore, to encourage students to receive SIV, the DH will continue to launch the “SIV School Outreach Commendation Scheme” in 2025/26. Participating schools with outstanding student vaccination rate will be awarded a certificate of commendation. The list of awardees will be uploaded to the CHP' website as an encouragement.

All schools should reply the DH for the preferred mode for the Programme, either through Self-selection of Doctors or by DH-matching. For schools joining the Programme through Self-selection of Doctors, they may choose a doctor/ medical organisation from the list posted on the Centre for Health Protection website (<https://www.chp.gov.hk/en/features/100634.html>). Application results will be released by phrase.

Eligibility

All students attending the participating SS, PS, KGs, KG/CCCs, or CCCs and who have not received SIV in the 2025/26 season are eligible for free or subsidized SIV under the Programme. Those under the age of 9 who have never received SIV before are eligible to receive two doses of free SIV with a minimum interval of 4 weeks.

Starting from 2025/26, eHealth registration is mandatory for eligible students aged 18 years or above in order to receive SIV.. Vaccine recipient can register eHealth in the consent form.

Parents/ guardians of the students must fill in and sign the consent forms; and consent to provide students' personal data to the Government or other relevant healthcare personnel.

Remarks

Apart from students, medical organization can provide their own vaccine for school staffs and family members of the students on the vaccination day with/without charges. However, the Government will only provide subsidy to the eligible group of the “Vaccination Subsidy Scheme”. Those who are not eligible may participate at their own expense. For more details on the eligibility of the vaccination subsidy, please visit <https://www.chp.gov.hk/en/features/107880.html>

This School Guide is applicable to both “Government Supply Vaccine Mode” and “Doctor Supply Vaccine Mode”

Schools and doctors/ medical organisations should **stay clear of** engaging in any **improper financial or profitable transactions** during the participation of the 2025/26 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) and/ or VSS School Outreach (Extra Charge Allowed) Programme.

3. Timeline for Preparation by Schools

3.1 Preparation before 1st dose¹ of Seasonal Influenza Vaccination

A general timeline of the preparation before the vaccination is provided as below for your reference.

Date	Preparatory Work
By July 2025	<ol style="list-style-type: none"> 1. Confirm the 1st and 2nd dose (if any) vaccination dates with the vaccination team and inform the PMVD <ul style="list-style-type: none"> ➤ Proposed schedule: 1st dose (Oct to Dec), 2nd dose (recommended to be at least 6 weeks apart to allow logistic preparation for the 2nd dose, before the end of Jan 2026)
End of August to September	<ol style="list-style-type: none"> 2. Check and receive the Consent Forms delivered to the school directly from the printing agent.
Before the vaccination day	<ol style="list-style-type: none"> 3. Distribute the <i>Consent Forms</i> (Appendix 1/2/3) to the parents/guardians. <ul style="list-style-type: none"> ➤ When distributing to parents, school staff please inform parents: <ol style="list-style-type: none"> (i) The date of SIV vaccination; and (ii) The date for school to collect the consent forms
Before the vaccination day (Recommend at least 4 weeks)	<ol style="list-style-type: none"> 4. Collect and check the signed Consent Forms to <u>ensure they have been completed fully</u>. Samples of the <i>Consent Forms</i> can be seen in Appendix 1/2/3. 5. Separate the <i>Consent Forms</i> into: <ol style="list-style-type: none"> (i) <u>Consent</u> for vaccination; and (ii) <u>Not consent</u> for vaccination 6. Sort out the <i>Consent Forms</i> for vaccination by class and class no. in ascending order (vaccination teams will arrange staff for collection at

¹ Children under 9 years of age who have never received any SIV before are recommended to receive 2 doses of SIV. Children below 9 years of age who have received at least one dose of SIV before are recommended to receive one dose of SIV. For persons aged 9 years or above, only one dose of SIV is required in each influenza season.

	<p>school). The <u>Not consent</u> forms are to be retained for your school's record.</p> <p>7. Complete 2 copies of <i>The Number of Students Consented to Vaccination of Each Class</i> (Appendix 4).</p> <p>8. Vaccination teams will contact participating schools, arrange staff to collect Consent Forms (Appendix 1/2/3) for vaccination and the form of <i>The Number of Students Consented to Vaccination of Each Class</i> (Appendix 4), and complete the <i>Consent Forms Receipt Note</i> (Appendix 5).</p> <p>9. Please fax a copy of <i>The Number of Students Consented to Vaccination of Each Class</i> (Appendix 4) to the Programme Management and Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) <u>within ONE working day after collection of Consent Forms</u> (at least 6 weeks before the vaccination date).</p> <p>10. Assist vaccination teams in verifying the particulars of the students listed in the <i>Consent Forms</i>.</p> <p>11. Liaise with the vaccination team regarding the issues on the vaccination day, which includes:</p> <ul style="list-style-type: none"> ➤ Starting time, logistics, manpower and venue setup ➤ The temporary storage of clinical waste (See Section 4) ➤ Management of Emergency Situation (See Figure 1) ➤ Arrangement of Health talk/ Provision of hotlines to the School ➤ School suspension arrangement (e.g. inclement weather, communicable disease outbreak, etc.)
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<p>2 to 3 weeks before the vaccination day</p>	<p>12. Observe for any conditions that may affect the number of students to receive vaccination, e.g. infectious diseases outbreak or other sudden incidents/ special activities which cause consented students being not able to receive the vaccines on the vaccination day. If any, please inform vaccination teams as soon as possible.</p> <p>13. Reserve the venue, resources and manpower, including:</p> <ul style="list-style-type: none"> (i) Hall or spacious venues, e.g. multipurpose room (ii) Tables, chairs, mattresses, and rubbish bins for use on the vaccination day (iii) Lockable cabinet(s) for temporary storage of sharps boxes (size 26 x 25 x 17 cm each) (iv) Teachers who accompany students to the venue (v) School staff/ workers/ volunteers who assist vaccination <p>14. Check with the vaccination team to arrange temporary storage of clinical waste at the school until collection of clinical waste if the waste could not be collected or delivered on the date of vaccination. Please refer to Section 4 for more details.</p> <p>15. There are videos on venue set up and temporary storage of clinical waste for reference. Please refer to the link below at: https://www.chp.gov.hk/en/features/101928.html</p>
<p>1 week before the vaccination day</p>	<p>16. Vaccination team will send the <i>Consented (Seasonal Influenza Vaccination) Student List- First Dose</i> (Appendix 6) to school.</p> <p>17. Distribute the <i>Notice to Parents on Seasonal Influenza Vaccination-First Dose</i> (One Week before the 1st dose of Vaccination Day) (Appendix 7) according to the Consented Student list</p> <ul style="list-style-type: none"> ➤ Remind parents to inform the school immediately if students have received the 2025/26 Seasonal Influenza Vaccine after 1 September 2025 ➤ Remind students to bring the old <i>Seasonal Influenza Vaccination Card</i> (Appendix 13), if any, on the vaccination day ➤ Remind students to have breakfast on the vaccination day

	➤ Arrange all consented students to wear clothes that the arm of students can be exposed easily for vaccination (if receiving the injectable vaccine)
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3.2 Arrangement of the 1st dose Vaccination Day

A general timeline is provided below for your reference. See Figure 1 for the details.

Date	Preparation and Arrangement
On the vaccination day	<p>Before the start of vaccination activity:</p> <ol style="list-style-type: none"> 1. Confirm the venue, resources, and manpower are ready (See Pt. 13 under Section 3.1). 2. The vaccination team will be responsible for arranging the vaccine delivery/receiving vaccines at school. Please support the vaccination team to arrange a safe and cool area for vaccine storage. 3. If the consented students cannot have vaccination due to individual circumstances, e.g. absence, sick leave, etc., please fill in <i>List of Students Withheld Vaccination on the Vaccination Day</i> (On the Vaccination Day) (Appendix 8) and submit to the vaccination team <u>before the vaccination activity starts</u>. <p>During vaccination activity:</p> <ol style="list-style-type: none"> 4. Responsible teachers should only arrange and accompany the consented students to the venue for vaccination, assist in identifying students and monitor the queue. <u>Extra precaution should be exercised to identify students who may have similar surname or given names, and students' parents should be contacted for confirmation if in doubt.</u> (For KG/ CCC: Remind teachers that students need to wear their name badges or bring their handbooks or student cards with photos for identification).

	<p>5. Distribute the signed <i>Consent Forms</i> to each student and arrange them to line up for vaccination.</p> <p>6. After completing the vaccination, the teacher guides the students to the observation area. Students can leave the vaccination venue 15 minutes after the vaccination if they show no signs of discomfort.</p> <p>Upon completion of vaccination:</p> <p>7. After vaccination, vaccination team would pass the following documents to teachers:</p> <ul style="list-style-type: none"> ➤ Consented (Seasonal Influenza Vaccination) Student List-Second Dose (Appendix 9) ➤ Seasonal Influenza Vaccination Information on Side effects (Appendix 11) ➤ Seasonal Influenza Vaccination Information on Side effects and 2nd dose Arrangement (Appendix 12) ➤ Seasonal Influenza Vaccination Card (Appendix 13) ➤ Notification to Parents-Seasonal Influenza Vaccination Has Not Been Given (Appendix 14) <p>Please distribute the corresponding documents to the students according to the following situation:</p> <p>(i) <u>Students who require 2nd dose of SIV Vaccination (For PS and KG/CCC only)</u></p> <ul style="list-style-type: none"> ➤ The Vaccination team should provide a <i>Consented (Seasonal Influenza Vaccination) Student List-Second dose</i> (Appendix 9) to the school staff ➤ Please base on the above list and distribute Seasonal Influenza Vaccination Information on Side Effects and 2nd dose Arrangement (Appendix 12) to the relevant students
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	<ul style="list-style-type: none"> ➤ Keep their <i>Seasonal Influenza Vaccination Card (Appendix 13)</i> in school (for distribution after completing the 2nd dose of SIV vaccination) <p>(ii) <u>Students who do not require 2nd dose of Seasonal Influenza Vaccination</u></p> <ul style="list-style-type: none"> ➤ Distribute <i>Seasonal Influenza Vaccination Card (Appendix 13)</i> ➤ Distribute <i>Seasonal Influenza Vaccination Information on Side Effects (Appendix 11)</i> <p>(iii) <u>Students withheld Seasonal Influenza Vaccination on the vaccination day</u></p> <ul style="list-style-type: none"> ➤ Distribute <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given (Appendix 14)</i> <p>8. The responsible teacher confirms with the vaccination team and completes <i>Student Vaccination Report (On Vaccination Day) (Appendix 15)</i>. Then fax to DH <u>within one working day</u> after completion of each vaccination activity.</p>
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Figure 1. A Schematic Diagram Illustrating an Example of Vaccination Venue Setup and Logistics on the Vaccination Day

Registration Counter

- ✓ Submit a *List of Students Withheld Vaccination on the Vaccination Day* to the vaccination team
- ✓ Teachers receive the *Consent Forms* from Registration Counter



Waiting Area

- ✓ Assist students in lining up in ascending class numbers
- ✓ Distribute the *Consent Forms* to students



Vaccination Area

- ✓ School staff/ workers/ volunteers assist in holding students
- ✓ Vaccination team provides vaccination to students



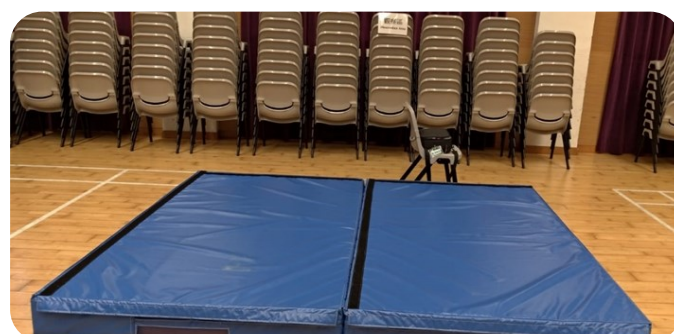
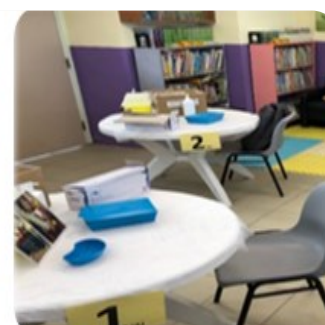
Observation Area

- ✓ Students can leave the vaccination venue 15 minutes after vaccination if they show no signs of discomfort



Treatment Area

- ✓ Vaccination may cause serious adverse reactions; therefore mattress is prepared for emergency assessment and management if needed



3.3 Arrangement of the 2nd dose Vaccination Day

(Applicable for primary schools and KG/CCCs only)

Children under **9 years of age** who have never received any seasonal influenza vaccination before are recommended to receive 2 doses of SIV with a minimum interval of 4 weeks. Under SIVSOP, it is advisable to arrange the 2nd dose activities 6 weeks apart to allow more time for preparation for the 2nd dose. Preparation and arrangement of the 2nd dose vaccination are similar to that of the 1st dose. Fewer students are expected in the 2nd dose. Parents do not need to sign the *Consent Forms* again.

A general timeline is provided below for your reference. See Figure 1 for the details.

Date	Preparation and Arrangement
1 week before the vaccination day	<ol style="list-style-type: none"> <li data-bbox="464 992 1447 1205">1. The vaccination team should provide a <i>Consented (Seasonal Influenza Vaccination) Student List-Second dose (Appendix 9)</i> to school staff upon completion of the 1st dose vaccination activity. Please check with the vaccination team if any updates are required. <li data-bbox="464 1249 1447 1888">2. Distribute the <i>Notice to Parents on Seasonal Influenza Vaccination-Second Dose (One Week before the 2nd dose of Vaccination Day) (Appendix 10)</i> according to the Consented Student List. <ul style="list-style-type: none"> <li data-bbox="512 1417 1447 1563">➤ Inform school and vaccination team immediately if students had received <u>2nd dose</u> of 2025/26 Seasonal Influenza Vaccine after 1 September 2025. <li data-bbox="512 1585 1447 1675">➤ Remind students to bring an old <i>Seasonal Influenza Vaccination Card, if any</i>, on the vaccination day. <li data-bbox="512 1697 1447 1731">➤ Remind students to have breakfast on the vaccination day. <li data-bbox="512 1753 1447 1888">➤ Arrange all consented students to wear clothes so that the arm of the students can be exposed for vaccination (if receiving injectable vaccine).
On the vaccination day	3. Similar to the arrangement on the day of 1 st dose vaccination activity

	<p>Upon completion of vaccination:</p> <p>4. Vaccination team will provide the following documents to the teacher. Please distribute the corresponding documents to the students according to the following situation:</p> <p><u>i) Students completed 2nd dose of Seasonal Influenza Vaccine</u></p> <ul style="list-style-type: none"> ➤ Distribute <i>Seasonal Influenza Vaccination Card</i> (Appendix 13) ➤ Distribute Seasonal Influenza Vaccination Information on Side Effects (Appendix 11) <p><u>ii) Students withheld vaccination on the vaccination day</u></p> <ul style="list-style-type: none"> ➤ Distribute <i>Notification to Parents – Seasonal Influenza Vaccination Has Not Been Given</i> (Appendix 14) <p>5. The responsible teacher confirms with vaccination team and completes <i>Student Vaccination Report (On Vaccination Day)</i> (Appendix 15). Then fax to DH <u>within one working day</u> after completing each vaccination activity.</p>
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4. Temporary Storage of Clinical Waste

4.1 Preparation for Temporary Storage of Clinical Waste

The vaccination team would arrange schedule of collecting clinical waste on the same day as far as possible. In case the clinical waste cannot be collected at the end of activities, vaccination team would liaise with the school **two weeks** before the vaccination day to arrange temporary storage of clinical waste until collection by a licensed clinical waste collector.

Vaccination team would liaise with licensed clinical waste collectors for collection and inform the school of the arrangement.

- i. Secondary School Outreach: clinical waste to be collected **within 2 weeks after 1st dose activity**
- ii. Primary School Outreach: clinical waste to be collected **within 2 weeks after each of the 1st and 2nd dose activity**
- iii. KG/CCC Outreach (and schools located in remote areas and on islands): clinical waste to be collected **within 2 weeks after the 2nd dose activity.**

Vaccination Team should affix a label on each clinical waste container requiring temporary storage (see Figure 2).

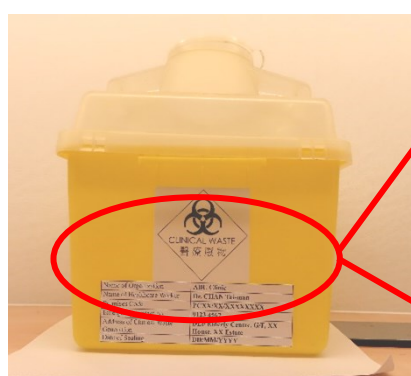



Figure 2. Example of a Labelled Clinical Waste Container

Name of doctor	of	Dr XXX
Name of medical organisation	of	XXX Clinic
Emergency contact no.		XXXX-XXXX
Address of clinical waste generation		XXX School, XXX Estate
Premises code		PC02/XX/XXXXXXXXXX
Date of sealing		DD/MM/YYYY
Clinical waste symbol		

4.2 Specifications of Cabinet for Temporary Storage of Clinical Waste

The school **must** provide lockable cabinet(s) for the temporary storage of the sharps boxes (size 26 x 25 x 17 cm each) (See Figure 2). The temporary storage area should be a cabinet for storage of clinical waste only, accessible by authorized persons only, away from the area of food preparation and storage, and properly locked and labelled.

A clinical waste warning sign and a label showing (1) name of the responsible doctor, (2) name of medical organisation (3) emergency contact number and (4) premises code should be affixed on the door of the storage area (see Figure 3).

- The cabinet must be located in a covered place unaffected by weather
- Depending on the number of vaccinated students and vaccination, the cabinet should be able to contain about 6-8 sharps boxes



Figure 3. Example of Warning Sign and Label on Temporary Storage Cabinet

Name of doctor	Dr XXX
Name of medical organisation	XXX Clinic
Emergency contact no.	XXXX-XXXX
Premises code	PC02/XX/XXXXXXXXXXXX
Clinical waste warning sign	

4.3 Handover of Clinical Waste (Sharps Box)

- The vaccination team should fill in the *Clinical Waste Temporary Storage Handover Note (Appendix 16)* (Figure 4) when transferring the clinical waste to the school staff.
- The school staff has to fill in his/ her name, post and contact number; to sign and stamp the school chop on the *Clinical Waste Temporary Storage Handover Note (Appendix 16)* (Figure 4).
- Both the vaccination team and the school should keep a copy of the completed form *Clinical Waste Temporary Storage Handover Note (Appendix 16)* for record.

Department of Health
2025/26 Seasonal Influenza Vaccination School Outreach Programme
Public-Private-Partnership Vaccination Teams
Clinical Waste Temporary Storage Handover Form

Notes:

1. This form is only applicable to the condition that same day collection by licensed clinical waste collector immediately after the activities cannot be arranged. Vaccination team shall keep original copy while school shall keep a copy of the completed form for their record.
2. Clinical waste should store properly in the temporary storage area, until collection by licensed clinical waste collectors. For more details, please refer to Schools' Guide part 4.
3. School staff please verify the number and weight of the sharps box(es), sign and stamp the clinical waste transport record for confirmation.

Part A: Contact Information

1. Name of Participating Doctor: _____
2. Service Provider ID: _____
3. Name of Medical Organisation: _____
4. Name of School: _____
5. School Code: _____
6. Date of Handover: _____
7. Estimated Sharps Containers Collection Date: _____

Part B: Details of Handover of Clinical Waste

Vaccination Activity (For Primary Schools and KG/CCC only) (Please put a "✓" as appropriate)	No. of Sharps Box(es)
<input type="checkbox"/> First Dose (Day 1)	_____ unit(s)
<input type="checkbox"/> First Dose (Day 2) (For Primary Schools only)	
<input type="checkbox"/> Second Dose (Day 1)	

Part C: Signature of Medical Organisation and School Representative

<p>To be filled by staff of Medical Organisation</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Tel: _____</p> <p style="text-align: center;">Chop</p>	<p>To be filled by School Representative</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Tel: _____</p> <p style="text-align: center;">Chop</p>
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By Medical Organisation

By School

Figure 4. Clinical Waste Temporary Storage Handover Note

4.4 Collection of Clinical Waste

- Upon collection, school staff and clinical waste collector should confirm the quantity and weight of sharps boxes. School staff should sign on the *Clinical Waste Trip Ticket (Appendix 17)* (Figure 5).

環境保護署 Environmental Protection Department

香港法例第 354 章廢物處置條例 Waste Disposal Ordinance (Chapter 354)

廢物處置(醫療廢物)(一般)規例 Waste Disposal (Clinical Waste) (General) Regulation

醫療廢物運載記錄 CLINICAL WASTE TRIP TICKET

廢物產生者 / 委託者 Waste Producer / Consignor

運載記錄編號 Trip Ticket Number

填寫此表格前請閱讀背頁所載指示 Please read the instructions overleaf before completing this form

(* 刪去不適用部份 / Delete as appropriate)

A. 廢物產生者 / 委託者 WASTE PRODUCER / CONSIGNOR

本人證實開列於 F(i) 欄內的廢物已適當包裝及貼上標籤，及由 B 欄的醫護專業人士送往收集站或接收站*。而 A、F(i) 及 G(x) 欄內填報資料，全屬真實無訛。 I certify that the waste described in F(i) is packed & labelled properly, and delivered to collection point or reception point by healthcare professional in B* consigned to waste collector in D*. I confirm that the information given in A, F(i) and G(x) is correct.

全名 Full Name

地址 Address

聯絡人姓名 Contact Person

電話號碼 Tel. No.

傳真號碼 Fax No.

商業登記號碼 Business Registration No.

地點編號 / 收集站授權編號* Premises Code / Collection Point Authorization No. *

B. 醫護專業人士 (如適用) HEALTHCARE PROFESSIONAL (if applicable)

本人證實已核對及運送 F(i) 欄載列的廢物(如適用)至 B 欄載列的收集站或接收站。 I certify that I have checked and delivered the waste described in F(i) to the collection point or reception point described in B (if applicable).

簽名 Signed

日期 Date

時間 Time

Signature

Date

Time

Figure 5. Clinical Waste Trip Ticket

5. Additional Points-to-Note regarding Hybrid Mode

For schools opting for Hybrid Mode (i.e. providing both IIV and LAIV)

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1. Overall arrangement

- The overall arrangement is similar to previous arrangement. Please refer to the Schools' Guide for details.
- Additional points-to-note regarding hybrid mode are described below.

2. Distribution of information sheets and consent forms

- Please note that hybrid mode *Consent Forms* (blue consent form) is to be used.
- Schools may also issue a “Notice to Parents/Guardians” together with the consent forms to parents, or by other means to inform parents of the following information:
 - i. The date of 1st dose of SIV vaccination (for IIV and LAIV); and
 - ii. The date for school to collect the consent forms

3. Collection of consent forms and handing over to HMOs

- Separate the Consent Forms into:
 - Consent for IIV
 - Consent for LAIV
 - Not Consent for vaccination
- Sort out the Consent Forms for vaccinations of the two groups (IIV/ LAIV) by class and class no. in ascending order (vaccination teams will arrange staff for collection at school). The NOT consent forms are to be retained for your school's record.

4. Liaison with HMO and date of vaccination activity

- Confirm the 1st and 2nd dose (if any) vaccination dates with HMO
- Proposed schedule : 1st dose (Oct to Dec), 2nd dose (recommended to be **at least 6 weeks** apart to allow logistic preparation for the 2nd dose, before the end of Jan 2026)
- Vaccination activity could be arranged in the same vaccination session with segregation (i.e. different locations in school), same day with different sessions (i.e. AM or PM session) or different days (i.e. two separate days providing IIV and LAIV respectively).

5. Selection of vaccination venue

- If the outreach activity is arranged in the same vaccination session with segregation (i.e. different locations in school), please ensure that the students could reach the correct vaccination venue and avoid mixing up students receiving different vaccine.

6. On day of activity

- Before the start of vaccination activity, especially if both IIV and LAIV are provided in the same session/ day:
 - (i) Confirm the venue(s), resources, and manpower are ready
 - (ii) Support the vaccination team for vaccine delivery by arranging a safe and cool area for vaccine storage

7. During vaccination activity

- Segregation measures (especially if both IIV and LAIV are provided in the same session):
 - (i) Teachers should only arrange and accompany the consented students to the venue for vaccination, assist in identifying students and monitor the queue. Under hybrid mode, consented students should be separated into two groups: consented for IIV and consented for LAIV.
 - (ii) Students opted for IIV and LAIV should be brought to designated vaccination booth respectively.
 - (iii) Distribute the specific signed Consent Forms to each student and arrange them to line up for vaccination.
 - (iv) After completing the vaccination, the teacher guides the students to the observation area under two groups: Vaccinated with IIV & Vaccinated with LAIV. Students can leave the vaccination venue 15 minutes after the vaccination if they show no signs of discomfort.

8. Upon completion of vaccination

- Ensure the distribution of corresponding documents to students with respect to receiving IIV/LAIV (e.g. Information on Side Effects, vaccination card, etc).

5.1 Notice to Parents – Organize Hybrid Mode Vaccination Activities

Notice

2025/26 Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents/ Guardians,

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach Programme in the School Year 2025/ 26. The school which your child is attending has joined this Programme. DH will arrange vaccination team (by DH or through medical organization under public-private partnership) to provide seasonal influenza vaccination at your child's school. Details are as follows:

Date	Type of Vaccine Available*
	Injectable Vaccine
	Nasal Spray Vaccine

*Choose **either** one type of vaccine for vaccination

Please read the information in Annex of the Consent Form carefully and **complete the Consent Form** (Part I to Part III) and **return it to the school** by _____ (date). Late submission may not be accepted.

Principal/Teacher in charge: _____

6. Useful Form

The updated useful forms are downloadable in the following link:

<https://www.chp.gov.hk/en/features/100782.html>

Samples of the above useful forms are included in Appendix for easy reference.

Stage	Code	Document title
Enrolment & Selection of Doctor/ Medical Organisation		Enrolment Form Supplementary Form
Before vaccination	SIVSO_S_A1(KG) SIVSO_S_A1(PS) SIVSO_S_A1(SS)	The Number of Students Consented to Vaccination of Each Class - For KG/ CCC - For Primary School - For Secondary School
	SIVSO_S_A2	Notice to Parents One Week before the First Dose of Vaccination Day -Sample For Primary School & KG/CCC -Sample For Secondary School
	SIVSO_S_A3	Notice to Parents One Week before the Second Dose of Vaccination Day (Sample)
		Seasonal Influenza Vaccine Consent Form - Injectable Vaccine - Nasal Spray Vaccine - Injectable Vaccine or Nasal Spray Vaccine
	Consent Form Sample	Vaccine recipient has already registered eHealth Vaccine recipient has not registered or is unsure of his or her eHealth registration status - Vaccine recipient aged 18 or above - Vaccine recipient between the age of 16 and less than 18 years - Vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent
	SIVSO_D_A2	Consent Forms Receipt Note
During vaccination	SIVSO_S_B1	List of Students Withheld Seasonal Influenza Vaccination
After Vaccination	SIVSO_D_C2 SIVSO_D_C2(LAIV)	Seasonal Influenza Vaccine Information on Side Effects - Injectable Vaccine - Nasal Spray Vaccine
	SIVSO_D_C2(2 nd) SIVSO_D_C2(LAIV)(2 nd)	Seasonal Influenza Vaccine Information on Side Effects and 2 nd Dose Arrangement - Injectable Vaccine - Nasal Spray Vaccine
	SIVSO_S_C1	Student Vaccination Report (on Vaccination Day)
	SIVSO_D_C4	Seasonal Influenza Vaccination Card
	SIVSO_D_B2	Clinical Waste Temporary Storage Handover Note

Appendix Forms from CHP website

(<https://www.chp.gov.hk/en/features/100782.html>)

24

<p># Witness should complete the following if the vaccine recipient has mental capacity but is illiterate:</p>																						
<p>This document has been read and explained to the vaccine recipient in my presence.</p>																						
<p>Signature of Witness:</p>	<p>Name of Witness:</p>																					
<p>Hong Kong Identity Card No. : (only the alphabet and the first three digits are required)</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>																					
<p>Contact Telephone No.:</p>	<p>Date of Signature:</p>																					
<p>Please note:</p> <p>(i) If you/ your child/ ward (applicable to consented students) has/have received the 2025/ 26 SIV before this outreach activity, please inform the school immediately.</p> <p>(ii) If you/ your child/ ward miss/misses the vaccination at school, no mop-up dose will be provided at school. Please visit any private doctor enrolled in the specified programme namely "Vaccination Subsidy Scheme" for subsidised vaccination.</p> <p>(iii) If vaccine recipient is an individual with bleeding disorders or on anticoagulants, or currently pregnant or lactating, please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised vaccine.</p>																						
<p>Part III 【Consent to Register eHealth】</p>																						
<p><input type="checkbox"/> Vaccine recipient has already registered eHealth.</p>																						
<p><input type="checkbox"/> Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part III (a) or (b) or (c) according to the vaccine recipient's age)</p>																						
<p>The following part is applicable to a person who has not registered with eHealth, or is unsure of his or her eHealth registration status</p>																						
<p>(a) Vaccine recipient <u>aged 18 or above</u></p>																						
<p>eHealth registration is a prerequisite for all vaccine recipients aged 18 or above</p> <p>To be completed and signed by vaccine recipient <u>aged 18 or above</u></p>																						
<p><input type="checkbox"/> I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I 【AGREE】 to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.</p>																						
<p>Signature of Vaccine Recipient:</p>	<p>Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9):</p>	<p>Date of Signature:</p>																				
<p>(b) Vaccine recipient <u>between the age of 16 and less than 18 years</u></p>																						
<p>To be completed and signed by vaccine recipient <u>between the age of 16 and less than 18 years</u></p>																						
<p><input type="checkbox"/> I agree</p> <p>I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I 【AGREE】 to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.</p>																						
<p><input type="checkbox"/> I disagree</p> <p>I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I 【DISAGREE】 to register with eHealth.</p>																						
<p>Signature of Vaccine Recipient:</p>	<p>Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9):</p>	<p>Date of Signature:</p>																				
<p>(c) Vaccine recipient <u>aged under 16, or aged 16 or above but incapable of giving consent</u></p>																						
<p>To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian)</p> <p>(Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)</p>																						
<p><input type="checkbox"/> I agree</p> <p>I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) 【AGREE】 to register with eHealth, which enables authorised healthcare providers to obtain and share the HCR's eHealth records for healthcare purposes.</p>																						
<p><input type="checkbox"/> I disagree</p> <p>I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) 【DISAGREE】 to register with eHealth.</p>																						

Substitute Decision Maker's Surname in English:	Substitute Decision Maker's First Name in English:	Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9):
Substitute Decision Maker's HK Identity Card No.:	For non HK Identity Card holder, please fill in information of other identity document	
	Document Type:	Document No.:
Relationship with vaccine recipient: <input type="checkbox"/> Vaccine recipient aged under 16 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * <input type="checkbox"/> Vaccine recipient aged 16 or above but incapable of giving consent Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court *		
Signature of Substitute Decision Maker:		Date of Signature:
Part IV To Be Filled In By The Vaccination Staff		
First Dose Vaccination Day		Second Dose Vaccination Day <i>(Only applicable to students under nine years old who have never received any seasonal influenza vaccination before)</i>
<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)		<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)
Signature of Vaccination Staff:		Signature of Vaccination Staff:
Name of Private Doctor:	Dr.	Name of Private Doctor:
Date of Activity:		Date of Activity:
Part V 【Undertakings and Declarations】		
1. I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision. 2. I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy. 3. For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/my ward's personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". 4. This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region. 5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.		

27

# Witness should complete the following if the vaccine recipient has mental capacity but is illiterate:																	
This document has been read and explained to the vaccine recipient in my presence.																	
Signature of Witness:	Name of Witness:																
Hong Kong Identity Card No. : (only the alphabet and the first three digits are required)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>X</td> <td>X</td> <td>X</td> <td>(X)</td> </tr> </table>													X	X	X	(X)
				X	X	X	(X)										
Contact Telephone No.:	Date of Signature:																
Please note: (i) If you/ your child/ ward (applicable to consented students) has/have received the 2025/ 26 STV before this outreach activity, please inform the school immediately. (ii) If you/ your child/ ward miss/misses the vaccination at school, no mop-up dose will be provided at school. Please visit any private doctor enrolled in the specified programme namely "Vaccination Subsidy Scheme" for subsidised vaccination. (iii) Pregnant individuals should not receive live attenuated influenza vaccine (LAIV). Please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised inactivated influenza vaccines (IIV).																	
Part III [Consent to Register eHealth]																	
<input type="checkbox"/> Vaccine recipient has already registered eHealth.																	
<input type="checkbox"/> Vaccine recipient has not registered or is unsure of his or her eHealth registration status. (Please fill in Part III (a) or (b) or (c) according to the vaccine recipient's age)																	
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(a) Vaccine recipient <u>aged 18 or above</u>																	
eHealth registration is a prerequisite for all vaccine recipients aged 18 or above To be completed and signed by vaccine recipient <u>aged 18 or above</u>																	
<input type="checkbox"/> I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.																	
Signature of Vaccine Recipient:	Mobile Number for receiving system notifications (with prefix 4/ 5/ 6/ 7/ 8/ 9):	Date of Signature:															
(b) Vaccine recipient <u>between the age of 16 and less than 18 years</u>																	
To be completed and signed by vaccine recipient <u>between the age of 16 and less than 18 years</u>																	
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<input type="checkbox"/> I disagree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I DISAGREE to register with eHealth.																	
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(c) Vaccine recipient <u>aged under 16, or aged 16 or above but incapable of giving consent</u>																	
To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian) (Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)																	
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Substitute Decision Maker's Surname in English:	Substitute Decision Maker's First Name in English:	Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9):	
Substitute Decision Maker's HK Identity Card No.:	For non HK Identity Card holder, please fill in information of other identity document		
	Document Type:		Document No.:
Relationship with vaccine recipient: <input type="checkbox"/> Vaccine recipient aged under 16 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * <input type="checkbox"/> Vaccine recipient aged 16 or above but incapable of giving consent Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court *			
Signature of Substitute Decision Maker:		Date of Signature:	
Part IV To Be Filled In By The Vaccination Staff			
<u>First Dose</u> Vaccination Day		<u>Second Dose</u> Vaccination Day <i>(Only applicable to students under nine years old who have never received any seasonal influenza vaccination before)</i>	
<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student		<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student	
<input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)		<input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)	
Signature of Vaccination Staff:		Signature of Vaccination Staff:	
Name of Private Doctor:	Dr.	Name of Private Doctor:	Dr.
Date of Activity:		Date of Activity:	
Part V 【Undertakings and Declarations】			
1. I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision. 2. I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy. 3. For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/my ward's personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". 4. This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region. 5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.			

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						X	X	X	(X)													
Contact Telephone No.:	Date of Signature:																					
Please note: (i) If you/ your child/ ward (applicable to consented students) has/have received the 2025/ 26 SIV before this outreach activity, please inform the school immediately. (ii) If you/ your child/ ward miss/misses the vaccination at school, no mop-up dose will be provided at school. Please visit any private doctor enrolled in the specified programme namely "Vaccination Subsidy Scheme" for subsidised vaccination. (iii) If vaccine recipient is an individual with bleeding disorders or on anticoagulants, or currently pregnant or lactating, and would like to receive inactivated influenza vaccines (IIV), please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised vaccine. (iv) Pregnant individuals should not receive live attenuated influenza vaccine (LAIV). Please consult your family doctor for advice and visit any private doctor enrolled in the "Vaccination Subsidy Scheme" to receive subsidised inactivated influenza vaccines (IIV).																						
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eHealth registration is a prerequisite for all vaccine recipients aged 18 or above To be completed and signed by vaccine recipient <u>aged 18 or above</u>																						
<input type="checkbox"/> I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I AGREE to register with eHealth, which enables authorised healthcare providers to obtain and share my eHealth records for healthcare purposes.																						
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To be completed and signed by vaccine recipient <u>between the age of 16 and less than 18 years</u>																						
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<input type="checkbox"/> I disagree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I DISAGREE to register with eHealth.																						
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To be completed and signed by the Substitute Decision Maker (SDM) (e.g. parent or guardian) (Only applicable to vaccine recipient aged under 16, or aged 16 or above but incapable of giving consent. eHealth registration is a prerequisite for all recipients aged 18 or above, or else they are not eligible for the vaccine.)																						
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<input type="checkbox"/> I disagree I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and on behalf of the healthcare recipient (HCR) DISAGREE to register with eHealth.			
Substitute Decision Maker's Surname in English:		Substitute Decision Maker's First Name in English:	
		Substitute Decision Maker's Mobile Number (with prefix 4/ 5/ 6/ 7/ 8/ 9):	
Substitute Decision Maker's HK Identity Card No.:		For non HK Identity Card holder, please fill in information of other identity document	
		Document Type:	Document No.:
Relationship with vaccine recipient: <input type="checkbox"/> Vaccine recipient aged under 16 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * <input type="checkbox"/> Vaccine recipient aged 16 or above but incapable of giving consent Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court *			
Signature of Substitute Decision Maker:		Date of Signature:	
Part IV To Be Filled In By The Vaccination Staff			
First Dose Vaccination Day		Second Dose Vaccination Day <i>(Only applicable to students under nine years old who have never received any seasonal influenza vaccination before)</i>	
<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)		<input type="checkbox"/> Seasonal influenza vaccination (SIV) was provided to the student <input type="checkbox"/> SIV was NOT provided to the student as the student: <input type="radio"/> was absent from school <input type="radio"/> refused vaccination <input type="radio"/> had discomfort <input type="radio"/> others (please specify: _____)	
Signature of Vaccination Staff:		Signature of Vaccination Staff:	
Name of Private Doctor:		Name of Private Doctor:	
Dr.		Dr.	
Date of Activity:		Date of Activity:	
Part V [Undertakings and Declarations]			
1. I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision. 2. I agree to provide my/my child/ward's personal data in this form and any information related to this consultation for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release my/my child/ ward's personal data and any information related to this consultation to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether I/my child/ my ward have/has received vaccination by using the Government subsidy. 3. For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read my/my child's/my ward's personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in my/my child's/my ward's Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". 4. This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region. 5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.			

Appendix 4 The Number of Students Consented to Vaccination of Each Class**For Kindergartens/ Kindergarten-cum-child Care Centres/ Child Care Centres****KG/CCCs Outreach****2025/26 Seasonal Influenza Vaccination School Outreach Programme****The Number of Students Consented to Vaccination of Each Class**

1. Count and fill in no. of consented students in each class after collecting the consent forms from parents.
2. Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form together with the consent forms to them.
3. Fax a copy of this form to the Programme Management & Vaccination Division, (PMVD) of the Centre for Health Protection by fax at 2320 8505 within **ONE WORKING DAY** after passing the consent forms.

K 1

Class									Total
No. of consented students									
Total no. of students									

K 2

Class									Total
No. of consented students									
Total no. of students									

K 3

Class									Total
No. of consented students									
Total no. of students									

Other classes

Class									Total
No. of consented students									
Total no. of students									

Other classes

Class									Total
No. of consented students									
Total no. of students									

Total no. of consented students: _____

Total no. of students in school: _____

School Chop: _____

Name of School: _____

Date: _____

For Primary Schools**Primary School Outreach****2025/26 Seasonal Influenza Vaccination School Outreach Programme****The Number of Students Consented to Vaccination of Each Class**

1. Count and fill in no. of consented students in each class after collecting the consent forms from parents.
2. Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form together with the consent forms to them.
3. Fax a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection by fax at 2320 8505 within **ONE WORKING DAY** after passing the consent forms.

Primary 1

Class									Total
No. of consented students									
Total no. of students									

Primary 2

Class									Total
No. of consented students									
Total no. of students									

Primary 3

Class									Total
No. of consented students									
Total no. of students									

Primary 4

Class									Total
No. of consented students									
Total no. of students									

Primary 5

Class									Total
No. of consented students									
Total no. of students									

Primary 6

Class									Total
No. of consented students									
Total no. of students									

Total no. of consented students: _____

Total no. of student in school: _____

School Chop: _____

Name of school: _____

Date: _____

For Secondary Schools**Secondary School Outreach****2025/26 Seasonal Influenza Vaccination School Outreach Programme****The Number of Students Consented to Vaccination of Each Class**

1. Count and fill in no. of consented students in each class after collecting the consent forms from parents.
2. Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect this form with the consent forms from schools. Please pass this form together with the consent forms to them.
3. Fax a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection by fax at 2320 8505 within **ONE WORKING DAY** after passing the consent forms.

Secondary 1

Class										Total
No. of consented students										
Total no. of students										

Secondary 2

Class										Total
No. of consented students										
Total no. of students										

Secondary 3

Class										Total
No. of consented students										
Total no. of students										

Secondary 4

Class										Total
No. of consented students										
Total no. of students										

Secondary 5

Class										Total
No. of consented students										
Total no. of students										

Secondary 6

Class										Total
No. of consented students										
Total no. of students										

Total no. of consented students: _____

Total no. of student in school: _____

School Chop: _____

Name of school: _____

Date: _____

Appendix 5 Consent Forms Receipt Note

To: PMVD, CHP
Fax: 2320 8505

From: _____ (Name of Schools)
Name: _____ (Contact person)
Tel: _____
Date: _____

Please check with medical organisation and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within one working day after collection of consent forms.

2025/26 Seasonal Influenza Vaccination (SIV) School Outreach Programme Public-Private-Partnership (PPP) Outreach Team

Consent Forms Receipt Note

This is to acknowledge that the PPP Outreach Team under
Dr. _____ (Name of Doctor) of
_____ (Organisation)
has collected _____ (Quantity) Consent Forms from
_____ (Name of School) on
_____ (Date).

Signature of Collector and
Organisation Chop of
the PPP Outreach Team

Signature of School Representative
and School Chop

Name of Collector of
the PPP Outreach Team

Name of School Representative

Appendix 6 Consented (Seasonal Influenza Vaccination) Student List - First Dose

學校名稱: xx學校

學校編號: xx

班別: 1A

疫苗名稱: 1st dose Seasonal Influenza Vaccine

接種日期: 28/10/20xx

Class No. 班號	Name / 姓名	Sex 性別	DOB (DD/MM/YY) 出生日期	Vaccinated in current year? 本年度已 接種?	Put a P after vaccination 接種後請加P 號	May need 2nd dose 有可能要接種第二 劑	Remarks 備註
1	陳樑 Chan Leung	M	04/01/13	N		Y	
2	陳小明 Chan Siu Ming	F	08/11/13	N		Y	
3	陳大明 Chan Tai Ming	F	09/12/13	N		Y	
4	劉鐘明 Chan Chong Ming	M	04/08/12	N		Y	
5	陳明 Chan Ming	M	31/12/13	N		Y	
6	鄭明 Cheng Ming	F	04/06/13	N		Y	
7	張小明 Cheung Siu Ming	F	13/02/13	N		Y	
8	張大明 Cheung Tai Ming	F	27/06/13	N		Y	
9	張鐘明 Cheung Chong Ming	F	15/09/13	N		Y	
10	周鐘明 Chow Chong Ming	M	23/09/12	N		Y	
11	何鐘明 Ho Chong Ming	M	30/07/13	N		Y	
12	洪明 Hong Ming	M	13/09/13	N		Y	

Appendix 7 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week before the 1st dose of Vaccination Day- Consented)

Notice
2025/26 Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents consenting to their children for vaccination,

The Department of Health (DH) has received your consent for vaccination for your child under the above Programme. DH will arrange vaccination team (by DH or public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination). Please kindly remind your child on the day of vaccination to:

1. Bring Seasonal Influenza Vaccination Card (if available)
2. Have breakfast in the morning
3. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Please inform us immediately if your child has already received 2025/26 seasonal influenza vaccine after 1 September 2025 or for any queries about the above arrangement.

(Please be punctual for vaccination at the time specified by the school; latecomers will not be entertained)

Principal/Teacher in charge: _____

Appendix 7 Notice to Parents on Seasonal Influenza Vaccination- First Dose (One Week before the 1st dose of Vaccination Day- Non-Consented)

Notice
2025/26 Seasonal Influenza Vaccination School Outreach Programme

(Date of issue)

To: Parents NOT Consenting to their children for vaccination.

The Department of Health (DH) will arrange vaccination team (by DH or through public private partnership) to provide 1st dose seasonal influenza outreach vaccination at our school on (Date of vaccination).

DH has not received your consent for seasonal influenza vaccination for your child under the above Programme. Therefore, the vaccination team will NOT provide seasonal influenza vaccination for your child.

If you have any queries about the above arrangement, please contact us as soon as possible.

Principal/Teacher in charge: _____

Appendix 8 List of Students Withheld Seasonal Influenza Vaccination (On the Vaccination Day)

To : Vaccination Team

Date : _____

List of Students who Withheld Seasonal Influenza Vaccination

If the students are not able to have vaccination, please fill in the details and submit to the vaccination team before the start of activity on the vaccination day.

[illegible]

Appendix 9 Consented (Seasonal Influenza Vaccination) Student List- Second Dose

(Applicable for primary schools and KG/CCCs only)

學校名稱:

xx學校

學校編號:

xx

班別: 1A

疫苗名稱:

2nd dose Seasonal Influenza Vaccine

接種日期

28/12/20xx

Class No. 班號	Name / 姓名	Sex 性別	DOB (DD/MM/YY) 出生日期	May need 2nd dose 有可能要 接種第二劑	Remarks
					備註
1	陳樑 Chan Leung	M	04/01/13	Y	
2	陳小明 Chan Siu Ming	F	08/11/13	Y	
3	陳大明 Chan Tai Ming	F	09/12/13	Y	
4	劉鐘明 Chan Chong Ming	M	04/08/12	Y	
5	陳明 Chan Ming	M	31/12/13	Y	
6	鄭明 Cheng Ming	F	04/06/13	Y	
7	張小明 Cheung Siu Ming	F	13/02/13	Y	
8	張大明 Cheung Tai Ming	F	27/06/13	Y	
9	張鐘明 Cheung Chong Ming	F	15/09/13	Y	
10	周鐘明 Chow Chong Ming	M	23/09/12	Y	
11	何鐘明 Ho Chong Ming	M	30/07/13	Y	
12	洪明 Hong Ming	M	13/09/13	Y	

Appendix 10 Notice to Parents on Seasonal Influenza Vaccination-Second Dose (One Week before the 2nd dose of Vaccination Day)

(Applicable for primary schools and KG/CCCs only)

Notice
2025/26 Seasonal Influenza Vaccination School Outreach Programme
2nd dose Seasonal Influenza Vaccination Outreach Activity
(For PS and KG/CCC)

(Date of issue)

To Parents/ Guardians of _____ (Name of Student/ Class),

Department of Health will arrange vaccination team (by DH or through public-private partnership) to provide 2nd dose seasonal influenza vaccination* at our school on (Date of vaccination). Please kindly note the following remarks:

1. Inform our school immediately if your child has received 2nd dose 2025/26 seasonal influenza vaccine (SIV) after **1 September 2025** or you disagree for your child to receive the above vaccination
2. Bring Seasonal Influenza Vaccination Card on the vaccination day (if available)
3. Remind your child to have breakfast on the vaccination day
4. Wear clothes such that the arm can be exposed easily for vaccination (if receiving injectable vaccine)

Principal/Teacher in charge: _____

*Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.

Appendix 11 Seasonal Influenza Vaccination Information on Side Effects

For Inactivated Seasonal Influenza Vaccine (Injectable Vaccine)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine)

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____

(Name of Enrolled doctor/ Medical Organisation)

For Live Attenuated Seasonal Influenza Vaccine (Nasal Spray Vaccine)

**Seasonal Influenza Vaccination
Information on Side Effects (Nasal Spray Vaccine)**

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

Appendix 12 Seasonal Influenza Vaccination Information on Side Effects and 2nd dose Arrangement

(Applicable for primary schools and KG/CCCs only)

For Inactivated Seasonal Influenza Vaccine (Injectable Vaccine)

Seasonal Influenza Vaccination Information on Side Effects (Injectable Vaccine) and 2nd dose Arrangement

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child _____ (name of student) with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Inactivated SIV (by injection) was provided. Please note the information below:

1. Inactivated influenza vaccine is very safe and usually well tolerated, apart from occasional soreness, redness or swelling at the vaccination site.
2. Some children may experience fever, muscle pain, and tiredness 6 to 12 hours after vaccination. These usually improve in two days.
3. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing, or serious adverse events such as limb numbness or weakness are rare but require emergency consultation.

The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____

(Name of Enrolled doctor/ Medical Organisation)

SIVSO_D_C2(2nd)

Last updated: May 2025

For Live Attenuated Seasonal Influenza Vaccine (Nasal Spray Vaccine)

**Seasonal Influenza Vaccination
Information on Side Effects (Nasal Spray Vaccine)
and 2nd dose Arrangement**

The Department of Health (DH) has arranged Vaccination Team (by DH or through public private partnership) to provide your child _____ (name of student) with Seasonal Influenza Vaccine (SIV) at your child's school on _____ (date). Live attenuated SIV (by nasal spray) was provided. Please note the information below:

1. The most common side effects following live attenuated influenza vaccination are fever, nasal congestion or runny nose.
2. If fever or discomfort persists, please consult a doctor. Severe allergic reactions like hives, swelling of the lips or tongue, and difficulties in breathing are rare but require emergency consultation.

The Vaccination Team will visit the school again on _____ to provide 2nd dose vaccination for your child. (Children under 9 years old who have never received any SIV are recommended to have 2 doses of SIV with a minimum interval of 4 weeks.)

If you have any queries regarding SIV, please call _____

Vaccination Team from: _____
(Name of Enrolled doctor/ Medical Organisation)

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Appendix 14 Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given

Date _____

Dear Parents/ Guardians of _____ (Name of Student/ Class),

2025/26 Seasonal Influenza Vaccination School Outreach Programme (SIVSOP) **Notification to Parents - Seasonal Influenza Vaccination Has Not Been Given**

The Department of Health (DH) has arranged vaccination team by designated medical organisation to provide Seasonal Influenza Vaccination (SIV) to students at your child's school today.

After the assessment, the vaccination team **did not** vaccinate your child because* your child:

- ☐ was absent from school
- ☐ had physical discomfort [e.g. flu symptoms/ fever (body temperature ____ °C)/ others _____]
- ☐ refused vaccination
- ☐ may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.
- ☐ others (please specify: _____)

The vaccination team **will not rearrange** SIV for your child at his/ her school. Please arrange vaccination for your child at your family doctor's clinic or any private clinics.

Under the Vaccination Subsidy Scheme (VSS) of DH, children who are Hong Kong residents are eligible to receive SIV, with Government subsidy, from private doctors enrolled in VSS. Doctors participating in VSS may or may not charge a service fee. Please refer to the "*List of Participating Doctors*" to see whether the individual doctor charges service fee, the amount they charge and their address (<https://apps.hcv.gov.hk/SDIR/EN/index.aspx>).



"List of Vaccination Subsidy Scheme Participating Doctors"

Name of Medical Organisation : _____

Telephone Number : _____

*Vaccination team please tick the appropriate ☐

Appendix 15 Student Vaccination Report (On Vaccination Day)

2025/26 Seasonal Influenza Vaccination School Outreach Programme Student Vaccination Report (On Vaccination Day)

Please check with medical organisation and fax this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: 2320 8505) within one working day after completion of each vaccination activity.

Part A: Information of School and Medical Organization

Name of school:	
School Code:	Total no. of students in school:
Name of medical organization:	
Name of enrolled doctor:	Service Provider ID (SPID):
Date of vaccination:	

Part B: Vaccination Information of Students

Mode of Vaccine Supply	Government Supply Vaccine Mode	Doctor Supply Vaccine Mode
Dose	<input type="checkbox"/> 1st dose <input type="checkbox"/> 1st dose (second visit, only applicable to Primary and Secondary School) <input type="checkbox"/> 2nd dose (Only applicable to KG/CCC and Primary School)	<input type="checkbox"/> 1st dose <input type="checkbox"/> 1st dose (second visit, only applicable to Primary and Secondary School) <input type="checkbox"/> 2nd dose (Only applicable to KG/CCC and Primary School)
Type of vaccine and total no. of consented students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students
Type of vaccine and total no. of vaccinated students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students	<input type="checkbox"/> Injectable Vaccine: _____ students <input type="checkbox"/> Nasal Spray Vaccine : _____ students

Part C : Vaccination Information of Non Student (Please only fill in vaccine recipients who are eligible for vaccination subsidy*)

Mode of Vaccine Supply	<input type="checkbox"/> Vaccination team has provided their own vaccine for school staffs and family member of the students on the vaccination day with/without charges.
Type of vaccine and total no. of vaccinated persons	<input type="checkbox"/> Injectable Vaccine: _____ eligible vaccine recipients <input type="checkbox"/> Nasal Spray Vaccine : _____ eligible vaccine recipients

*For more details on the eligibility of the vaccination subsidy, please visit

<https://www.chp.gov.hk/en/features/107880.html>

Fill in by medical organization staff			Fill in by school staff		
Signature	:		Signature	:	
Name	:		Name	:	
Post	:		Post	:	
Contact No.	:	Clinic Chop	Contact No.	:	School Chop

Appendix 16 Clinical Waste Temporary Storage Handover Note

Department of Health
2025/26 Seasonal Influenza Vaccination School Outreach Programme
Public-Private-Partnership Vaccination Teams
Clinical Waste Temporary Storage Handover Form

Notes:

1. This form is only applicable to the condition that same day collection by licensed clinical waste collector immediately after the activities **cannot be arranged**. Vaccination team shall keep original copy while school shall keep a copy of the completed form for their record.
2. Clinical waste should store properly in the temporary storage area, until collection by licensed clinical waste collectors. For more details, please refer to Schools' Guide part 4.
3. School staff please verify the number and weight of the sharps box(es), sign and stamp the clinical waste transport record for confirmation.

Part A: Contact Information

1. Name of Participating Doctor: _____
2. Service Provider ID: _____
3. Name of Medical Organisation: _____
4. Name of School: _____
5. School Code: _____
6. Date of Handover: _____
7. Estimated Sharps Containers Collection Date: _____

Part B: Details of Handover of Clinical Waste

Vaccination Activity <i>(For Primary Schools and IG/CCC only)</i> (Please put a "✓" as appropriate)	No. of Sharps Box(es)
<input type="checkbox"/> First Dose (Day 1) <input type="checkbox"/> First Dose (Day 2) (For Primary Schools only) <input type="checkbox"/> Second Dose (Day 1)	_____ unit(s)

Part C: Signature of Medical Organisation and School Representative

To be filled by staff of Medical Organisation

Signature: _____
 Name: _____
 Position: _____
 Tel: _____

Chop

To be filled by School Representative

Signature: _____
 Name: _____
 Position: _____
 Tel: _____

Chop

Appendix 17 Clinical Waste Trip Ticket

環境保護署 Environmental Protection Department

香港法例第 354 章廢物處置條例 Waste Disposal Ordinance (Chapter 354)
廢物處置(醫療廢物)(一般)規例 Waste Disposal (Clinical Waste) (General) Regulation
醫療廢物運載記錄 CLINICAL WASTE TRIP TICKET

廢物產生者 / 委託者存
Waste Producer / Consignor Co

填寫此表格前請閱讀背頁所載指示 Please read the instructions overleaf before completing this form
(* 刪去不適用部份 / Delete as appropriate)

運載記錄編號
Trip Ticket Number

A. 廢物產生者 / 委託者 WASTE PRODUCER / CONSIGNOR

本人證實開列於 F(I) 欄內的廢物已適當包裝及貼上標籤，及由 B 欄的醫護專業人士送往收集站或接收站*。而 A、F(I) 及 G(a) 欄內填報的資料，全屬真實無訛。 I certify that the waste described in F(I) is packed & labelled properly, and delivered to collection point or reception point by healthcare professional in B* consigned to waste collector in D*. I confirm that the information given in A, F(I) and G(a) is correct.

全名 Full Name
地址 Address
聯絡人姓名 Contact Person
電話號碼 Tel. No.
傳真號碼 Fax No.
商業登記號碼 Business Registration No.
簽名 Signed
公司印鑑 Co. Chop
日期 Date
時間 Time

B. 醫護專業人士 (如適用) HEALTHCARE PROFESSIONAL (If applicable)

本人證實已核對及運送 F(I) 欄載列的廢物(不含第 4 組廢物)至 C 欄的收集站* / E 欄的接收站*。而 B 及 G(b) 欄內填報的資料，全屬真實無訛。 I certify that I have checked and delivered the waste set out in F(I) (which does not contain Group 4 waste) to collection point in C* / reception point in E*. I confirm that the information given in B and G(b) is correct.

全名 Full Name
醫護專業 Healthcare Profession
醫護專業體證註冊編號 Healthcare Professional Body Registration No.
簽名 Signed
日期 Date
時間 Time

C. 收集站 (如適用) COLLECTION POINT (If applicable)

本人證實本收集站已接收 B 欄的醫護專業人士運送列於 F(I) 欄內的廢物及放置於 F(II) 欄的流動收集箱內。而 C、F(II) 及 G(c) 欄內填報的資料，全屬真實無訛。 I certify that the waste set out in F(I) delivered by healthcare professional in B has been received by this collection point and placed inside the Transit Skip(s) in F(II). I confirm that the information given in C, F(II) and G(c) is correct.

公司名稱 Company Name
地址 Address
收集站經理姓名 Collection Point Manager
電話號碼 Tel. No.
傳真號碼 Fax No.
簽名 Signed
公司印鑑 Co. Chop
日期 Date
時間 Time

D. 廢物收集者 (如適用) WASTE COLLECTOR (If applicable)

本人證實列於 F(I) 欄內的廢物已收集及放置於 F(II) 欄的流動收集箱內。而 D、F(II) 及 G(d) 欄內填報的資料，全屬真實無訛。 I certify that the waste set out in F(I) is collected and placed inside the Transit Skip in F(II). I confirm that the information given in D, F(II) and G(d) is correct.

公司名稱 Company Name
運載員姓名 Operator Name
電話號碼 Tel. No.
車輛登記編號 Vehicle Registration No.
船隻牌照編號 Vessel Licence No.
簽名 Signed
公司印鑑 Co. Chop
日期 Date
時間 Time

E. 接收站 RECEPTION POINT

本人證實本接收站已接收 B 欄的醫護專業人士運送列於 F(I) 欄內的廢物* / D 欄的廢物收集者運送列於 F(II) 欄內的流動收集箱*。而 E、F(II) 及 G(e) 欄內填報的資料，全屬真實無訛。 I certify that the waste stated in F(I) delivered by healthcare professional in B* / the transit skip(s) stated in F(II) delivered by waste collector in D* has been received by this reception point. I confirm that the information given in E, F(II) and G(e) is correct.

設施名稱 Facility Name
接收站經理姓名 Reception Point Manager
廢物處理牌照編號 Waste Disposal Licence No.
簽名 Signed
公司印鑑 Co. Chop
日期 Date
時間 Time

F. 廢物資料 WASTE DESCRIPTION

廢物項目 Item	(i) 醫療廢物種類及數量 (公斤) Clinical Waste Type & Quantity (kg)	(ii) 流動收集箱編號 (由廢物收集者或收集站填寫) Transit Skip Serial No. (filled by Waste Collector or Collection Point)	(iii) 接收站接收廢物重量 Waste Quantity Received by Reception Point (公斤) (kg)
1	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg
2	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg
3	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg
4	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg
5	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg
6	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg
7	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg
8	第三組 / 非第三組* Group 3 / non-Group 3*	公斤 kg	公斤 kg

G. 註釋 REMARKS

(a) 廢物產生者/委託者 Waste Producer/Consignor
(b) 醫護專業人士 Healthcare Professional
(c) 收集站 Collection Point
(d) 廢物收集者 Waste Collector
(e) 接收站 Reception Point