

# **SUPPLEMENTARY FORM**

## **Seasonal Influenza Vaccination (SIV) School Outreach Programme in 2025/26**

### **Information of the Selected Service Doctors / Medical Organisations**

*Please kindly return this **Supplementary Form** to Programme Management and Vaccination Division, Emergency Response and Programme Management Branch of the Centre for Health Protection **by fax or email (Fax Number: 2320 8505/ Email Address: [sivop@dh.gov.hk](mailto:sivop@dh.gov.hk)) on or before 30 June 2025.***

**Name of School:** \_\_\_\_\_

### **PART I – To be Filled by School**

Our school **AGREE** to participate in SIVSOP in 2025/26 school year, and we have contacted the following doctor and the corresponding medical organisation for provision of vaccination outreach services.

**Name of Doctor:** \_\_\_\_\_

**Name of Medical Organisation:** \_\_\_\_\_

Our school and the service doctor agree to use the following type of vaccine:

- ☐ Injectable vaccine (Inactivated influenza vaccines IIV)
- ☐ Nasal vaccine (Live-attenuated influenza vaccine LAIV)
- ☐ Hybrid mode (to choose both IIV and LAIV for the same or different outreach vaccination activities)

### **PART II – To be Filled by the Service Doctor**

I / my affiliated medical organisation **agree** to provide outreach vaccination services to the above school under School Self-selection of Doctors

Signature of Enrolled Doctor:

Contact Person:

Rank of Contact Person:

Contact number of Doctor /

Medical Organisation:

Clinic / Medical  
Organisation Chop:

### **To be submitted by school representative** after completing Part I and Part II

Signature of School Representative:

Name of School Representative:

Rank of School Representative:

Contact number:

Date:

School Chop: