

(Fax: 2713 9576)

**Notification on Vaccination Activity at Non-clinic Setting
under Vaccination Subsidy Scheme (VSS) or
VSS School Outreach (Extra Charge Allowed) Programme**

Notes

1. This notification should be submitted to PMVD **at least two weeks** before the vaccination date. Even if certain details of the activity are yet to be confirmed, this Division should be notified at least two weeks before the proposed vaccination date and the information should be submitted after the details are confirmed. Failure to notify two weeks in advance is a non-compliance with the Doctors' Guide and the Agreement with enrolled doctors under VSS.
2. Please submit a separate notification for each session of vaccination activity.
3. Please DO NOT display the logo/ name of any government departments (e.g. Department of Health) or public organisations (e.g. Hospital Authority) on the publicity materials.
4. The information that you provide on this notification may also be forwarded to other third parties, including other Government bureaux and departments, for the provision of healthcare services, for statistical and research purposes, or any other legitimate purposes related to regulation of healthcare services or law enforcement.
5. Staff of the Department of Health (DH) may conduct on-site inspection to ensure the quality of outreach vaccination services and take appropriate actions on any irregularities found.
6. Staff of the Environmental Protection Department (EPD) might conduct surprise on-site inspection to ensure the compliance of the Waste Disposal (Clinical Waste) (General) Regulation (Cap 354O). Enquiry could be made on 3178 9356.

General Information			
(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)			
A. Information of Vaccination Activity and Organiser (Please put a "✓" as appropriate)			
Date:	(dd/mm/yyyy)		
Time (Please delete as appropriate):	From	(am / pm)	to (am / pm)
Venue:			
Venue Address:			
Session (Please delete as appropriate) :	1 st / 2 nd / 3 rd / 4 th / 5 th session		
Name of Organiser:			
Contact Person:			Contact Number: _____
Nature of Organiser	Estimated Number of Vaccine Recipients		
<input type="checkbox"/> Non Primary School / Kindergarten / Child Care Centre			
<input type="checkbox"/> Primary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Kindergarten / Child Care Centre			
B. Information of Enrolled Doctor and the Medical Organisation			
Name of Doctor:			SPID: _____
Medical Organisation:			
Contact Person:			Contact Number: _____

C. Management of the Vaccination Activity

Staff Support: (Number of on-site staff provided on the day of vaccination)	Qualifications of the on-site staff		Numbers
	Doctor		
	Registered Nurse		
	Enrolled Nurse		
	Clinic Staff		
	Other Supporting Staff		
		Total	
Service Fees Information:	Vaccine Type	Service Fees (For eligible recipients)	Service Fees (For ineligible recipients)
	QIV (Injection)	\$	\$
	QIV(Nasal Spray)	\$	\$
	TIV	\$	\$
	23vPPV	\$	\$
	PCV13	\$	\$
Vaccine Storage Equipment: (Put a “✓” as appropriate)	<input type="checkbox"/> Purpose-built vaccine refrigerator <input type="checkbox"/> Domestic frost-free refrigerator (with or without freezer compartment) <input type="checkbox"/> Others, please specify: _____ (Type, brand & model)		
Monitoring of vaccine temperature (Put a “✓” as appropriate)	(i) Regular checking and manual recording of temperature <input type="checkbox"/> Yes / <input type="checkbox"/> No (ii) Device used for continuously temperature monitoring <input type="checkbox"/> Data logger (in-built or stand-alone) <input type="checkbox"/> Maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____		
Vaccine Transport to Venue : (Put a “✓” as appropriate)	<input type="checkbox"/> By vaccine supplier <input type="checkbox"/> By enrolled doctor/medical organization: in cold box(es), with ice packs, insulating materials, etc. and continuous temperature monitoring using data logger/maximum-minimum thermometer <input type="checkbox"/> Others, please specify: _____		
Clinical Waste Arrangement (Put a “✓” as appropriate)	Upon completion of the vaccination activity, the clinical waste: <input type="checkbox"/> Will be collected by licensed collector onsite immediately <input type="checkbox"/> Will be delivered directly to Tsing Yi Chemical Waste Treatment Centre (CWTC) by healthcare professional immediately <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue and delivered directly to Tsing Yi CWTC by healthcare professional afterwards <input type="checkbox"/> Will be temporarily stored in a locked cabinet at the vaccination venue until collection by licensed collector		

(Official Stamp)

Signature of Enrolled Doctor

Authorised Signature
For and on behalf of Medical Organisation

Name in Block Letters

Name in Block Letters (Authorised Signatory)

Date: _____

Date: _____