

**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. For interval between vaccines, administration of COVID-19 vaccine 14 days before or after another prophylactic vaccines would allow clearer ascertainment of potential adverse events.
3. Please submit a separate notification for each session of vaccination activity.
4. 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.
5. 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.
6. 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.
7. 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.

<b>General Information</b>			
(Please attach a copy of the flyer/ poster/ other publicity materials for the vaccination activity if available)			
<b>A. Information of Vaccination Activity and Organiser (Please put a "✓" as appropriate)</b>			
Date:	_____ (dd/mm/yyyy)		
Time (Please <b>delete</b> as appropriate):	From _____	(am / pm) to _____	(am / pm)
Venue:	_____		
Venue Address:	_____		
Session (Please <b>delete</b> as appropriate) :	1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> / 5 <sup>th</sup> 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	<b>Students of the School</b>	<b>Staff of the School</b>	<b>Others</b>
<input type="checkbox"/> Kindergarten / Child Care Centre			

<b>B. Information of Enrolled Doctor and the Medical Organisation</b>	
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)	<b>Qualifications of the on-site staff</b>		<b>Numbers</b>
	Doctor		
	Registered Nurse		
	Enrolled Nurse		
	Clinic Staff		
	Other Supporting Staff		
	<b>Total</b>		
Service Fees Information:	<b>Vaccine Type</b>	<b>Service Fees (For eligible recipients)</b>	<b>Service Fees (For ineligible recipients)</b>
	Inactivated QIV (Injection)	\$	\$
	Recombinant QIV (Injection)	\$	\$
	Live attenuated QIV(Nasal Spray)	\$	\$
	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 <span style="float: right;"><input type="checkbox"/> Yes / <input type="checkbox"/> No</span> (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 tested cold box(es), with proper 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: \_\_\_\_\_