

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) may conduct surprise on-site inspection to ensure proper handling of clinical waste. For details, please refer to Appendix G of the VSS Doctor's Guide (https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_g.pdf).
7. For enquiries related to the VSS, please contact PMVD at 2125 2299.

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) : 1st / 2nd / 3rd / 4th / 5th 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"/> Secondary School	Students of the School	Staff of the School	Others
<input type="checkbox"/> Primary School			
<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)
	Inactivated QIV (Injection)	\$	\$
	Recombinant QIV (Injection)	\$	\$
	Live attenuated QIV(Nasal Spray)	\$	\$
	23vPPV	\$	\$
	PCV13	\$	\$
Monitoring of the 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 of the PBVR <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 distributor <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 upon completion of vaccination activity (Put a “✓” as appropriate)	Pre-arrangement with the vaccination venue on handling of 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 (Note: Clinical waste must be properly stored at the vaccination venue before it is collected by a licensed collector from the venue or delivered directly to CWTC by a healthcare professional, in case immediate delivery to CWTC cannot be arranged. Except to CWTC, clinical waste must not be delivered to any other premises.)		

(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: _____