

**To : Programme Management and Vaccination Division**  
**Centre for Health Protection, Department of Health**  
**(Email: vacs@dh.gov.hk)**

**Request Form for**  
**Vaccination Subsidy Scheme (VSS) Programme Materials**

Please put a tick in the appropriate box(es) and specify the quantity of your request.

<b>Name of Doctor:</b>	<b>Registration No.:</b> M
<b>Contact Person:</b>	<b>Contact no.:</b>
<b>Name of Medical Organisation:</b>	
<b>Delivery address</b> <small>(Note 1):</small>	
<b>Item</b>	<b>Quantity (pieces)</b>
1) Health Education Materials:	
<input type="checkbox"/> a) A3 Seasonal Influenza Vaccination Poster (Chinese) (for Pregnant Women/ Children / Age 50 or above / Elderly)*	
<input type="checkbox"/> b) A3 for Seasonal Influenza Vaccination Poster (English) (for Pregnant Women/ Children / Age 50 or above / Elderly)*	
<input type="checkbox"/> c) A3 Pneumococcal Vaccination Poster (Bilingual)	
<input type="checkbox"/> d) A5 Seasonal Influenza Vaccination Leaflet (Chinese/English)*	
<input type="checkbox"/> e) Pneumococcal Vaccination Leaflet (Chinese/English)*	
2) VSS Price Poster	
3) VSS Logo Sticker	

\*Please delete as appropriate

Signature of Doctor: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Notes:**

1. Please pick up from Programme Management and Vaccination Division if the total quantity of items in your request is above 200 pieces.
2. The decision to the request are subject to the availability of stock and the history of the request made by the doctor. The Programme Management and Vaccination Division has the right to make a final decision to each request.