**Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination**

(Date of issue)

To: Vaccine Recipient / Parents or Guardian of student **consenting** to vaccination,

The Department of Health (DH) has received your consent for vaccination / your consent for vaccination for your child/ ward under the above Programme. DH will arrange vaccination team (by DH or public private partnership) to provide human papillomavirus (HPV) vaccination at our school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date). On the day of vaccination, please:

1. Bring immunisation records of the vaccine recipient for checking[[1]](#footnote-1) (If applicable)
2. Have breakfast in the morning
3. Wear clothes such that the arm can be exposed easily for vaccination

Please inform our school immediately for any queries about the above arrangement.

(Please be punctual for vaccination at the time specified by the school; latecomers will not be entertained)

Principal/Teacher/staff in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination**

(Date of issue)

To: Vaccine Recipient / Parents or Guardian of student **NOT Consenting** to vaccination,

The Department of Health (DH) will arrange vaccination team (by DH or through public private partnership) to provide human papillomavirus (HPV) vaccination at our school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).

DH **has not received** your consent / your consent for your child/ ward for human papillomavirus (HPV) vaccination under the above Programme. Therefore, the vaccination team will **NOT** provide human papillomavirus (HPV) vaccination for you / for your child/ ward.

If you have any query about the above arrangement, please contact the school as soon as possible.

Principal/Teacher/staff in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please arrange reissue of immunisation record if lost. [↑](#footnote-ref-1)