Date:

Dear Student/ Parents or Guardian of (Name of Student/ Class),

**Human Papillomavirus (HPV) Vaccination Catch-up Programme**

**Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination**

The Department of Health (DH) has arranged vaccination team by designated doctor to provide human papillomavirus (HPV) vaccination to students at school today.

After the assessment, the vaccination team **did not vaccinate** you/ your child/ ward because\* you/ your child/ ward:\*

* + was/were absent from school
  + had physical discomfort[e.g. flu symptoms/ fever (body temperature \_\_\_\_ ᵒC)/ others\_\_\_\_\_\_\_\_\_\_\_]
  + refused vaccination
  + may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.
  + others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

The vaccination team will not rearrange HPV vaccination for you/ your child/ ward at school. **Please visit designated centres for HPV vaccination. Details of those centres will be announced by the Government in due course.**

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| Name of Medical Organisation and Official Stamp : |  |
| Telephone Number : |  |

\*Vaccination team please tick “✓” in the appropriate ☐ box