

SCHOOLS' GUIDE

For 2024-2026

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

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DISCLAIMER

This Schools' Guide (hereafter referred to as "the Guide") for Human Papillomavirus (HPV) Vaccination Catch-up Programme (hereafter referred to as "the Programme") illustrates the roles and responsibilities of the participating secondary schools, special schools, post-secondary institutions and universities when collaborating with the Department of Health (DH) or the doctors of Public-Private-Partnership (PPP) Programme to provide outreach vaccination to students at schools. For the arrangement of HPV vaccination activity at the healthcare services clinics of universities or post-secondary institutions such as booking, delivery or storage of vaccines, workflow of vaccination, handling of clinical waste and reporting of clinical incident, etc, please refer to the content pertaining of Healthcare Services Clinics from Chapter 4 to 7 of the Doctors' Guide (for Schools) for 2024-2026 Human Papillomavirus (HPV) Vaccination Catch-up Programme under the Centre for Health Protection (CHP) website at <https://www.chp.gov.hk/en/features/108084.html> (Only English version is provided). The contents of the Guide will be updated from time to time for schools' reference. Please refer to the latest version at the following link: <https://www.chp.gov.hk/en/features/108084.html>. If you have any comments or questions, please contact Programme Management and Vaccination Division (PMVD) of DH during office hours at 2125 2114 (for Programme arrangement) or 2125 2125 (for Vaccination enquiry).

The English version shall prevail in case of any discrepancy or inconsistency between the English and Chinese versions.

Centre for Health Protection,
Department of Health,
The Government of Hong Kong Special Administrative Region
of the People's Republic of China
December 2024

Always make sure that you have the latest version by checking the Centre of Health Protection website at:

<https://www.chp.gov.hk/en/features/108084.html>

1. INTRODUCTION

HPV vaccine prevents cervical cancer as well as other HPV-related cancers or diseases and is generally safe. The Department of Health (DH) has launched the human papillomavirus (HPV) vaccination programme for eligible primary 5 and 6 school girls as part of the Hong Kong Childhood Immunisation Programme (HKCIP) since the 2019/2020 school year. In November 2022, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH recommended the extension of the HPV vaccination target group to include older girls who are up to 18 years old after reviewing scientific evidences regarding efficacy and safety of HPV vaccine, recommendations from the World Health Organization and overseas experiences, as well as local studies on acceptability and cost-effectiveness in respect of HPV vaccination.

In response to this recommendation, the Government implements a one-off catch-up vaccination programme to provide mop-up HPV vaccination for eligible female secondary school students or older girls who were born in or after 2004 (i.e. those who were 18 years old or below in 2022 and were not covered by existing HPV vaccination programme).

The Programme launches to offer HPV vaccination for females aged 18 years or below who are not covered under the existing HKCIP in the school year 2024/25. Girls who were born in or after 2004 (i.e. girls at the age of 18 or below when SCVPD updated the recommendation), and are holding valid Hong Kong Identity Card (HKIC) or studying at local secondary schools are eligible for the Programme (except primary school students who are already covered by the immunisation service of School Immunisation Teams (SIT)). As girls born in 2009 or after should have already received HPV vaccination under HKCIP at Primary 5 and 6, majority of the eligible girls under this programme were born

between 2004 and 2008. The main target of the Programme is female students studying in Secondary 5 and above (or equivalent).

The Guide serves as a reference for schools. The information covers:

- Application and Eligibility for the Programme; and
- Preparation before vaccination; and
- Arrangements on the vaccination day and upon completion of vaccination.

More information about the Programme including Frequently Used Forms and Presentation Materials in Briefing Sessions, please refer to the CHP webpage at: <https://www.chp.gov.hk/en/features/108084.html>

All eligible female students studying in the participating schools can receive free HPV vaccination provided by Public-Private-Partnership (PPP) vaccination teams/SIT/ Student Health Service Centres. The vaccination teams will contact the schools/ post-secondary institutions and universities regarding the upcoming outreach activity in due course. Please assign a responsible teacher/staff of the school to follow up with the vaccination team for the detailed arrangement. If you have any enquiries, please contact your vaccination team, or PMVD of DH during office hours at 2125 2114 (for Programme arrangement) or 2125 2125 (for Vaccination enquiry). Please notify us as soon as possible if there is any change in the vaccination activity in special circumstances.

2. APPLICATION AND ELIGIBILITY

Application

All secondary schools (including the secondary section of special schools, 'hereinafter refer as "special schools")/ post-secondary institutions and universities can join the Programme. Secondary schools/ special schools/ post-secondary institutions and universities will receive invitation and shall apply with enrolment form and required documents for participating in the programme, either through Self-selection of Doctors or by DH-matching. For schools/ post-secondary institutions and universities joining the Programme through Self-selection of Doctors, they may choose a doctor from the list posted on the CHP website: <https://www.chp.gov.hk/en/features/108084.html>. The application results for secondary schools and special schools are going to be released in November/December 2024. For post-secondary institutions and universities, application result will be released in the second phase.

Eligibility

Under the Programme, female students in Hong Kong who fulfil the following criteria are eligible to receive HPV vaccination free of charge through the Programme:

- (i) Mandatory Electronic Health Record Sharing System (eHealth) joining consent/ already joined; and
- (ii) S5 and above (or equivalent) female students studying in the participating secondary schools/ special schools/ international schools who were born in or after 2004; or
- (iii) Post-secondary institutions/ universities female students who are holding valid Hong Kong Identity Card (HKID) and were born between 2004 and 2008

whereas, all female students born in or after 2004, studying in the participating secondary schools, and have not completed two doses of HPV vaccine can join the Programme. The main target of the Programme is female students studying in Secondary 5 and above (or equivalent). For females born between 2004 and 2008 and studying in the participating post-secondary institutions or universities¹, they are eligible to receive free HPV vaccination if they hold valid HKID cards.

¹ Eligible female students at participating post-secondary institutions and universities shall approach the Student Affairs Office for the arrangement of HPV vaccination.

The SCVPD recommended a two-dose schedule for immunocompetent individuals and a three-dose schedule² for individuals who are immunocompromised. For schools outreach activities, parents/ guardian of the student and students at the age 18 or above must fill in and sign the consent forms (hard copy). For those receiving vaccination at schools' healthcare services clinics, electronic consent should be used except for minors under 18 years old and exceptional cases such as mentally incapacitated persons to consent to provide vaccine recipients' personal data to the Government or other relevant healthcare personnel.

Remarks

Schools and doctors/ medical organisations joining the Programme should **stay clear of** engaging in any **improper financial or profitable transactions** during the participation of the Programme.

²For individuals who are immunocompromised or with specified clinical condition with documentary evidence to a valid referral letter issued by a registered medical practitioner, they will receive the 1st dose of HPV vaccine during outreach vaccination activities at schools and will receive the 2nd and 3rd dose of HPV vaccine at a SIT sub-office or a Student Health Service Centre with minimal interval of 0, 1 and 6 months.

3. PREPARATION FOR OUTREACH VACCINATION ACTIVITY

3.1 Preparation before Human Papillomavirus (HPV) Vaccination

A general timeline of the preparation before the vaccination is provided as below for your reference.

Date	Preparatory Work
<p>Preferably six to eight weeks before the vaccination day</p>	<ol style="list-style-type: none"> 1. Check and receive the <i>Consent Forms (Appendix 6.1)</i> from the Department of Health. 2. Confirm the vaccination date(s) with the vaccination team. 3. Distribute the <i>Consent Forms (Appendix 6.1)</i> to the parents or guardian of student; or students at the age of 18 or above. <ul style="list-style-type: none"> ➤ Before distributing the <i>Consent Forms (Appendix 6.1)</i>, school staff/ teacher should fill in: <ol style="list-style-type: none"> (i) The date of HPV vaccination; and (ii) The date for school to collect the <i>Consent Forms (Appendix 6.1)</i> 4. Vaccination team will inform PMVD about the vaccination dates.
<p>Preferably four to six weeks before the vaccination day</p>	<ol style="list-style-type: none"> 5. Collect and check the completed and signed <i>Consent Forms (Appendix 6.1)</i> to <u>ensure they have been completed fully.</u> 6. Separate the completed <i>Consent Forms (Appendix 6.1)</i> into: <ol style="list-style-type: none"> (i) <u>Consent</u> for vaccination; and (ii) <u>Not consent</u> for vaccination 7. Sort out the <i>Consent Forms (Appendix 6.1)</i> for vaccination by class in ascending order (vaccination team will arrange staff for collection at school). The <u>Not consent</u> forms are to be retained for your school's record.

	<p>8. <i>(Applicable only to Secondary Schools, including the secondary section of Special Schools)</i></p> <p>Complete 2 copies of the <i>Number of Students Consent/ Refuse to Receive Human Papillomavirus (HPV) Vaccination in Each Class (Appendix 6.2)</i> - one for school record, and the other one to be collected by vaccination team, and school staff shall email a copy of this form to the PMVD by email at hpvp@dh.gov.hk <u>within ONE working day</u> after collection of the Consent Forms.</p> <p>9. Vaccination teams will contact participating schools/ post-secondary institutions/universities to arrange staff to collect the <i>Consent Forms (Appendix 6.1)</i> showing students who agree to receive HPV vaccination and complete the <i>Consent Forms Receipt Note (Appendix 6.3)</i>.</p> <p>10. Assist vaccination team in verifying the particulars of the students listed in the <i>Consent Forms (Appendix 6.1)</i> showing students who agree to receive HPV vaccination.</p>
<p>Preferably three to four weeks before the vaccination day</p>	<p>11. The staff at school/ post-secondary institution/ university has to assist vaccination team to compile the HPV vaccination <i>Consented Student List (Appendix 6.4)</i> with <i>a password-protected Excel file</i> and submit to PMVD via email <u>at least four week</u> prior to vaccination day (email: hpvp@dh.gov.hk).</p> <p>12. Liaise with the vaccination team regarding the issues on the vaccination day, which includes:</p> <ul style="list-style-type: none"> ➤ Starting time, logistics, manpower and venue setup ➤ The temporary storage of clinical waste (See Section 3.4 under the Guide) ➤ Management of Emergency Situation (See Figure 1) ➤ Arrangement of Health talk/ Provision of hotlines to the School (if applicable) ➤ School suspension arrangement (e.g. inclement weather, communicable disease outbreak, etc.)

<p>Two to three weeks before the vaccination day</p>	<p>13. Observe for any conditions that may affect the number of students to receive vaccination, e.g. infectious diseases outbreak or other sudden incidents/ special activities which cause consented students being not able to receive the vaccines on the vaccination day. If any, please inform vaccination team as soon as possible.</p> <p>14. Reserve the venue, resources and manpower, including:</p> <ul style="list-style-type: none">(i) Hall or spacious venues, e.g. multipurpose room(ii) Tables, chairs, mattresses, and rubbish bins for use on the vaccination day(iii) Lockable cabinet(s) for temporary storage of sharps boxes (size 26 x 25 x 17 cm each)(iv) School staff/teachers who accompany students to the venue(v) School staff/ workers/ volunteers who assist vaccination <p>15. Check with the vaccination team to arrange temporary storage of clinical waste at the school until collection of clinical waste if the waste could not be collected or delivered on the date of vaccination. Please refer to Section 3.4 under the Guide for more details.</p>
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<p>One week before the vaccination day</p>	<p>16. The template of the <i>Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination (Appendix 6.5)</i> is provided in the Appendix and the school staff/ teachers shall distribute those information according to the HPV vaccination <i>Consented Student list (Appendix 6.4)</i>,</p> <ul style="list-style-type: none">➤ Remind prospective vaccine recipient (student) to inform the school/ post-secondary institution/ university immediately if she has received the human papillomavirus (HPV) vaccine before the vaccination activity➤ Remind students to bring the old <i>Immunisation Record (Appendix 6.7a)</i>, if any, on the vaccination day➤ Remind students to have breakfast on the vaccination day➤ Arrange all consented students to wear clothes that the arm of students can be exposed easily for vaccination
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3.2 Arrangement on Vaccination Day

A general timeline is provided below for your reference. See **Figure 1** for the details.

Date	Preparation and Arrangement
On vaccination day	<p>Before the start of vaccination activity:</p> <ol style="list-style-type: none"> 1. Confirm the venue, resources, and manpower are ready (Refer Point. 14 under Section 3.1). 2. The vaccination team will be responsible for arranging the vaccine delivery/receiving vaccines at school/ post-secondary institution/ university. Please support the vaccination team to arrange a safe and cool area for cold box/ equipment storage. 3. If the consented students cannot have vaccination due to individual circumstances³, e.g. absence, sick leave, etc., please fill in <i>List of Students Withheld Human Papillomavirus (HPV) Vaccination (Appendix 6.6)</i> on the vaccination day and submit it to the vaccination team <u>before the vaccination activity starts.</u> <p>During vaccination activity:</p> <ol style="list-style-type: none"> 4. Responsible school staff/ teachers should only arrange and accompany the consented students to the venue for vaccination, assist in identifying students and monitor the queue. For students at the age 18 or above studying at post-secondary institutions/ universities, they can go to the venue by themselves. 5. Assist vaccination team to distribute the signed <i>Consent Forms (Appendix 6.1)</i> to each student and arrange them to line up for vaccination. <p>Upon completion of vaccination:</p> <ol style="list-style-type: none"> 6. On the vaccination day, <ul style="list-style-type: none"> ➤ Teacher/ Staff of secondary schools/ special schools should guide the students to the observation area. Students can leave the vaccination venue 15 minutes after the vaccination if they show no signs of discomfort. ➤ For students at the age 18 or above studying at post-secondary institutions/ universities, they should stay in the observation area for 15 minutes after the vaccination. They can leave thereafter if there is no signs of discomfort.

³ For those who missed vaccination schedule, they shall approach designated centres for HPV vaccination.

	<p>7. For vaccination activities at secondary schools/ special schools, the vaccination team would pass the following documents to teachers/ staff of secondary schools/ special schools for vaccinated students:</p> <p>(i) For recipients who require next dose:</p> <ul style="list-style-type: none"> ➤ Documented vaccination service on the old <i>Immunisation record (DH6) (Appendix 6.7a)</i>, if any, or provide <i>Vaccination Record (DH2684) (Appendix 6.7b)</i> to those students who fail to provide the old <i>Immunisation record (DH6) (Appendix 6.7a)</i> ➤ Distribute <i>Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination (Appendix 6.10)</i> <p>(ii) For students who have not received vaccination:</p> <ul style="list-style-type: none"> ➤ For immunocompetent vaccine recipients: <ul style="list-style-type: none"> ○ Distribute <i>Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination (Appendix 6.8)</i> ➤ For immunocompromised vaccine recipients: <ul style="list-style-type: none"> ○ Distribute <i>Notification to Student/ Parents or Guardian of Immunocompromised Student on Follow-up Human Papillomavirus (HPV) Vaccination (Appendix 6.9)</i> as documentation proof for missing vaccination activity at school <p>8. For vaccination activities at post-secondary institutions/ universities, the vaccination team would pass the following to the recipient directly:</p> <ul style="list-style-type: none"> ➤ Documented vaccination service on the old <i>Immunisation record (DH6) (Appendix 6.7a)</i>, if any, or provide <i>Vaccination Record (DH2684) (Appendix 6.7b)</i> to those students who fail to provide the old <i>Immunisation record (DH6) (Appendix 6.7a)</i> ➤ Distribute <i>Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after HPV Vaccination (Appendix 6.10)</i> <p>9. On the vaccination day, the responsible teacher/ staff of the Student Affairs Office confirms with the vaccination team and completes <i>Student Vaccination Report (On Vaccination Day) (Appendix 6.11)</i>. They have to email it to PMVD <u>within one working day</u> after completion of each vaccination activity (email: hpvp@dh.gov.hk)</p>
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<Figure 1> - A Schematic Diagram Illustrating an Example of Vaccination Venue Setup and Logistics on the Vaccination Day

Registration Counter

- ✓ Submit a *List of Students Withheld Human Papillomavirus (HPV) Vaccination (Appendix 6.6)* on the Vaccination Day to the vaccination team
- ✓ Teachers receive the *Consent Forms (Appendix 6.1)* from vaccination team at registration counter to distribute to those who agree to receive HPV vaccination



Waiting Area

- ✓ Assist students in lining up in ascending class numbers (if applicable)
- ✓ Corresponding to students' name to distribute the *Consent Forms (Appendix 6.1)* to those line up and agree to receive HPV vaccination



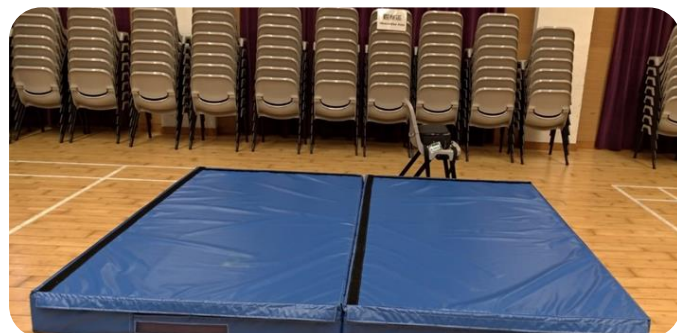
Vaccination Area

- ✓ Vaccination team provides vaccination to students



Observation Area

- ✓ Students can leave the vaccination venue 15 minutes after vaccination if they show no signs of discomfort



Treatment Area

- ✓ In case of adverse reactions, mattress is prepared for emergency assessment and management if needed

3.3 Arrangement for the 2nd Dose Vaccination Day

Eligible person who are immunocompetent will be arranged the 2nd dose vaccination within 5 to 13 months after receiving 1st dose HPV vaccination. For eligible person who are immunocompromised or with specified clinical condition with documentary evidence to a valid referral letter issued by a registered medical practitioner will receive the 1st dose of HPV vaccine during outreach vaccination activities at schools and will receive the 2nd and 3rd dose of HPV vaccine at SIT sub-office or a Student Health Service Centre with minimal interval of 0, 1, 6 months.

Preparation prior to the vaccination day	Refer to the general timeline under the preparation before HPV vaccination (Point 3 to 16 under Section 3.1) for planning and the arrangement of the 2 nd dose vaccination activity.
On the vaccination day	Please refer to the general timeline under the arrangement for vaccination day at Section 3.2 and Figure 1 for the preparation, planning and the arrangement for the 2 nd dose vaccination activity.

Additional points to note for the 2nd dose vaccination activity:

- Prevailing principles for the first dose vaccination apply
- Remember to check vaccination history and record
- Ask if there was any adverse effect from the first dose
- For those who have missed the 1st dose outreach activity schedule, they shall approach designated centres for catch-up HPV vaccination service with the *Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination (Appendix 6.8)*, or the *Notification to Student/ Parents or Guardian of Immunocompromised Student on Follow-up Human Papillomavirus (HPV) Vaccination (Appendix 6.9)*.
- Thereafter, they could receive the 2nd dose at school outreach activity along with other students, provided that they meet the 5 to 13 months interval requirement.

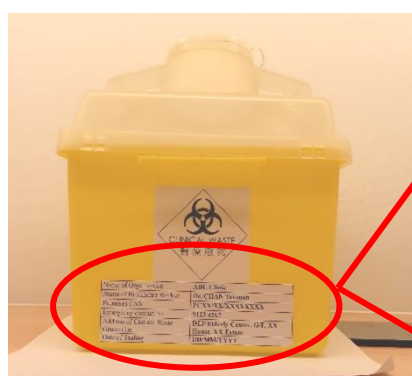
3.4 Temporary Storage of Clinical Waste

3.4.1 Preparation for Temporary Storage of Clinical Waste

The vaccination team shall arrange schedule of collecting clinical waste on the same day as far as possible. In case the clinical waste cannot be collected at the end of activities, vaccination team would liaise with the school **two weeks before** the vaccination day to arrange temporary storage of clinical waste until collection by a licensed clinical waste collector.

Vaccination team would liaise with licensed clinical waste collectors for collection and inform the school of the arrangement.

Vaccination team should affix a label on each clinical waste container requiring temporary storage (see **Figure 2**).



Name of doctor	Dr XXX
Name of medical organisation	XXX Clinic
Emergency contact no.	XXXX-XXXX
Address of clinical waste generation	XXX School, XXX Street
Premises code	PC02/XX/XXXXXXXXXXXX
Date of sealing	DD/MM/YYYY
Clinical waste symbol	

<Figure 2>

Example of a Labelled Clinical Waste Container

3.4.2 Specifications of Cabinet for Temporary Storage of Clinical Waste

The school **must** provide lockable cabinet(s) for the temporary storage of the sharps boxes (size 26 x 25 x 17 cm each) (See **Figure 2**). The temporary storage area should be a cabinet for storage of clinical waste only, accessible by authorised persons only, away from the area of food preparation and storage, and properly locked and labelled.

A clinical waste warning sign and a label showing (1) name of the responsible doctor, (2) name of medical organisation (3) emergency contact number and (4) premises code should be affixed on the door of the storage area (see **Figure 3**).

- The cabinet must be located in a covered place unaffected by weather (winds, rain, water flooding and etc.)
- Depending on the number of vaccinated students, the cabinet should be able to contain about 6 to 8 sharps boxes



<Figure 3>

Example of Warning Sign and Label on Temporary Storage Cabinet

Name of doctor	Dr XXX
Name of medical organisation	XXX Clinic
Emergency contact no.	XXXX-XXXX
Premises code	PC02/XX/XXXXXXXXXXXX
Clinical waste warning sign	

3.4.3 Handover of Clinical Waste (Sharps Box)

- The vaccination team should fill in the *Clinical Waste Temporary Storage Handover Form (Appendix 6.12) (Figure 4)* when transferring the clinical waste to the school staff.
- The school staff has to fill in his/ her name, post and contact number; to sign and stamp the school chop on the *Clinical Waste Temporary Storage Handover Form (Appendix 6.12) (Figure 4)*.
- Both the vaccination team and the school should keep a copy of the completed form *Clinical Waste Temporary Storage Handover Form (Appendix 6.12)* for record. (Figure 4).

Department of Health
Human Papillomavirus (HPV) Vaccination School Programme
Clinical Waste Temporary Storage Handover Form

Note:

- This form applies ONLY under the condition of licensed clinical waste collector is UNABLE to collect the clinical waste immediately after the school vaccination activity. Participating Medical Organisation and School should keep the original/ a copy of the form.
- The Medical Organisation staff shall close and securely seal the lid of the sharps box, probably store in labelled and lockable cabinet(s) for a licensed clinical waste collector to collect at the school or for a healthcare professional to deliver to the Chemical Waste Treatment Centre (CWTC).
- The school staff shall turn in all sharps box to the collector. With the verification of the weight of sharps box, sign and stamp the clinical chop on the Clinical Waste Trip Ticket as confirmation.



I. Contact Information

- Name of Enrolled Doctor: (Chinese/English) _____ 2. SPID: _____
- Affiliated Medical Organisation Name (Chinese/English) _____
- School Name: (Chinese/ English) _____
- School Code: _____ 6. Transfer Date: _____
- Estimated Sharp Box Collection date: _____
- Licensed Clinical Waste Collector Name / Full Name of Healthcare Professional to deliver Clinical Waste: _____

II. Handover Details of Clinical Waste

Vaccination Session (Please tick "✓" in the appropriate <input type="checkbox"/> box)	Sharps Box Quantity
<input type="checkbox"/> 1 st dose vaccination	_____ Box(es)
<input type="checkbox"/> 2 nd Dose vaccination	

III. Signature and the Clinic Chop of Medical Organisation and School

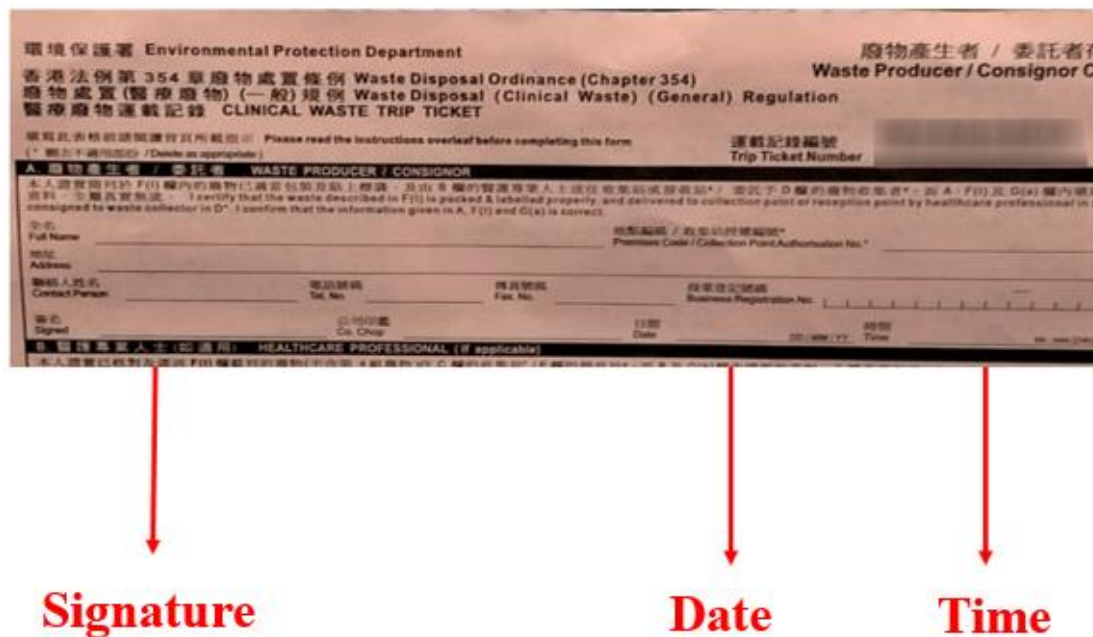
To be completed by Medical Organisation staff	To be completed by School staff
Signature: _____	Signature: _____
Full Name: _____	Full Name: _____
Position: _____	Position: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
Contact: _____	Contact: _____
 Medical Organisation Clinic Chop	 School Chop

HPVSP_B_3
Last updated: April 2024

<Figure 4> Clinical Waste Temporary Storage Handover Form

3.4.4 Collection of Clinical Waste

Upon collection, school staff and clinical waste collector should confirm the quantity and weight of sharps boxes. School staff should sign on the *Clinical Waste Trip Ticket* (Appendix 6.13) (Figure 5).



<Figure 5> - Clinical Waste Trip Ticket

4. PREPARATION FOR HUMAN PAPILLOMAVIRUS (HPV) VACCINATION ACTIVITY AT HEALTHCARE SERVICES CLINICS

For the arrangement of HPV vaccination activity at the healthcare services clinics of universities or post-secondary institutions, such as appointment arrangement, vaccine delivery and storage, precautions requirement of vaccination process, clinical waste disposal, and clinical incident report and etc., please refer to the content pertaining of Healthcare Services Clinics from Chapter 4 to 7 of the Doctors' Guide (for Schools) for 2024-2026 Human Papillomavirus (HPV) Vaccination Catch-up Programme, (Only English version is provided) under the CHP website at:

<https://www.chp.gov.hk/en/features/108084.html>

5. USEFUL FORM

The updated useful forms are downloadable in the following link:

<https://www.chp.gov.hk/en/features/108084.html>

Samples of the above useful forms are included in Appendix for easy reference.








Stage	Code	Document
Selection of Doctor/ Medical Organisation		Enrolment Form for <ul style="list-style-type: none"> - Secondary School and Special School - Post-secondary Institution - University
Before vaccination	HPVP_A_2	Human Papillomavirus (HPV) Vaccination Consent Form
	HPVP_A_3	Consent Forms Receipt Note
	HPVP_A_5	Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus (HPV) Vaccination
	HPVP_A_6	Number of Students Consent/ Refuse to Receive Human Papillomavirus (HPV)Vaccination in Each Class
	HPVP_A_7	Consented Student List
During vaccination	HPVP_B_1a	Notification to Student/ Parents or Guardian of Student Who Has Not Been Given Human Papillomavirus (HPV) Vaccination
	HPVP_B_2	Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination
	HPVP_B_3	Clinical Waste Temporary Storage Handover Form
	HPVP_B_4	List of Students Withheld Human Papillomavirus (HPV) Vaccination (On Vaccination Day)
	DH2684	Vaccination Record
After vaccination	HPVP_C_2	Student Vaccination Report (on Vaccination Day)

6. APPENDIX

6.1 Human Papillomavirus (HPV) Vaccination Consent Form

Appendix 6.1

(Human Papillomavirus (HPV) Vaccination)

Human Papillomavirus (HPV) Vaccination 接種人類乳頭瘤病毒(HPV)疫苗 			
Letter to Parents/ Guardians (To be retained by Parents/ Guardians)/ Vaccine Recipients (For those aged 18 or above) 給家長/ 監護人(請家長/ 監護人保留)/ 疫苗接種者(年滿 18 歲或以上人士)的信			
<p>Dear Parents/ Guardians/ Vaccine Recipients,</p> <p>The Department of Health (DH) is launching the Human Papillomavirus (HPV) Vaccination Catch-up Programme (the Programme) to provide HPV vaccination at local secondary schools/ special schools for S5 and above female students born in or after 2004 and are studying in the participating schools; and at post-secondary institutions/ universities and designated centres for females born between 2004 and 2008 who are holding Hong Kong Identity Card. All eligible females are required to register in the Electronic Health Record Sharing System (eHealth). Please read this document and the attached information on HPV Vaccines, eHealth and the Collection of Personal Data - Statement of Purposes carefully and fill in the Human Papillomavirus (HPV) Vaccination Consent Form (reply slip) (Part I, II and/ or III). The completed reply slip should be returned to the secondary school/ special school/ post-secondary institution/ university/ designated centre as appropriate before vaccination.</p> <p>[The school where your child/ ward is or you are studying has joined the aforementioned vaccination programme. DH will arrange the vaccination team (by DH or through private doctor/ clinic enrolled to the Programme) to provide free HPV vaccination at your child/ ward's or your school on _____ (date). Please return the completed reply slip (Part I, II and/ or III) to school by _____ (date). Late submission may not be accepted.] (Applicable to school outreach service only)</p> <p>For enquiries, please call DH enquiry line during office hours: 2125 2114 (for Programme arrangements) or 2125 2125 (for Vaccination enquiry).</p> <p>If you have any concerns about the suitability of your child/ ward or yourself for the vaccination, please consult your family doctor.</p> <p style="text-align: center;">Programme Management and Vaccination Division, Centre for Health Protection, Department of Health November 2024</p> <p>致：家長/ 監護人/ 疫苗接種者</p> <p>衛生署正推行人類乳頭瘤病毒疫苗（簡稱 HPV 疫苗，又稱子宮頸癌疫苗）補種計劃，透過到訪中學/ 特殊學校為就讀於參與計劃的學校內於 2004 年或之後出生的中五或以上女學生，以及在專上院校/ 大學和指定中心為 2004 年至 2008 年出生並持有香港身份證的合資格女生提供人類乳頭瘤病毒疫苗接種服務。所有合資格女生必須加入電子健康紀錄互通系統(醫健通)。請細閱本權及隨附的人類乳頭瘤病毒(HPV)疫苗及醫健通的資料，並在收集個人資料的用途聲明後填妥接種人類乳頭瘤病毒(HPV)疫苗同意書(回條)（即第一部分、第二部分和/ 或第三部分），並在接種疫苗前將回條交回中學/ 特殊學校/ 專上院校/ 大學或指定中心。</p> <p>[你的女兒/ 受監護者或你就讀的學校已參加上述疫苗接種計劃。衛生署將於 _____（日期）安排疫苗接種隊（由衛生署或已參加人類乳頭瘤病毒疫苗補種計劃之私家醫生診所安排），到校為學生提供免費人類乳頭瘤病毒疫苗接種。請將填妥的回條（即第一部分、第二部分和/ 或第三部分）於 _____（日期）或之前交回學校。逾期遞交可能不獲接納。]（此部份只適用於學校外展服務）</p> <p>如有查詢，請於辦公時間內致電 2125 2114（計劃安排）或 2125 2125（接種疑問）。</p> <p>如果你對你的女兒/ 受監護者或自己是否適合接種疫苗有任何疑慮，請諮詢你的家庭醫生。</p> <p style="text-align: right;">衛生署衛生防護中心 項目管理及疫苗計劃科 2024年 11月</p>			
Electronic Health Record Sharing System (eHealth) 電子健康紀錄互通系統(醫健通)			
<p>The Electronic Health Record Sharing System (eHealth) is a territory-wide, patient-oriented electronic sharing platform which enables authorised healthcare providing organisations in the public and private sectors to access and share participating patients' electronic health records (eHR) for healthcare purposes. After joining eHealth, the Hospital Authority (HA), the Department of Health (DH) and individual private healthcare providers authorised by you can access your eHR on a need-to-know basis in the course of providing healthcare to enable more timely diagnosis and treatment, and reduce duplicate diagnostic tests. Joining eHealth is voluntary and free of charge. You can withdraw from eHealth or revoke any sharing consent given to a healthcare provider (other than HA and DH) anytime. Citizens can view the vaccination records by using eHealth mobile application after registering eHealth.</p> <p>電子健康紀錄互通系統（醫健通）是全港性、以病人為本的電子互通平台，讓獲授權的公私營醫護機構取覽和互通參與病人的電子健康紀錄作醫護用途。登記加入醫健通後，醫院管理局（醫管局）、衛生署及個別獲你授權的私營醫護機構可於提供醫護服務時按「有需要知道」的原則取覽你的電子健康紀錄，以能為你提供更適時的診斷及治療，並減省重複檢驗。參與醫健通屬自願性質，費用全免，你可隨時退出醫健通或撤銷給予任何醫護機構（醫管局和衛生署除外）的授權。登記醫健通後市民可使用醫健通流動應用程式查閱疫苗接種紀錄。</p> <p>Please scan the QR codes to read and understand the "Participant Information Notice" and "Personal Information Collection Statement". 請掃描二維碼以參閱及明白參與者須知及收集個人資料聲明。</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Participant Information Notice 參與者須知  </td> <td style="width: 50%; padding: 5px;"> Personal Information Collection Statement 收集個人資料聲明  </td> </tr> </table>		Participant Information Notice 參與者須知 	Personal Information Collection Statement 收集個人資料聲明 
Participant Information Notice 參與者須知 	Personal Information Collection Statement 收集個人資料聲明 		
<p>If you have any enquiry about eHealth registration or other related matters, please contact eHR Registration Office (Hotline: 3467 6300). Please also visit website: www.ehealth.gov.hk for more details about eHealth.</p> <p>如你有任何關於醫健通登記及其他事項查詢，請聯絡電子健康紀錄申請及諮詢中心(熱線: 3467 6300)。你亦可了解更多有關醫健通的詳情，請瀏覽網站 www.ehealth.gov.hk。</p>			

Information on Human Papillomavirus (HPV) Vaccines 人類乳頭瘤病毒(HPV)疫苗的資料	
<p>Please read the information carefully. If you have any concerns about the suitability of your child or yourself for the vaccination, please consult your family doctor.</p>	<p>請仔細閱讀資料。如你對你的女兒或你本人是否適宜接種 HPV 疫苗有任何疑問，可先諮詢家庭醫生意見。</p>
<p>1. What is HPV? Human Papillomavirus (HPV) is the name of a group of viruses that includes more than 150 types. Around 40 of these viruses infect the genital area of men and women. HPV can cause premalignant changes and malignant cancers of cervix, vagina, vulva and anus.</p>	<p>1. 甚麼是人類乳頭瘤病毒？ 人類乳頭瘤病毒（又稱 HPV）是一組包括 150 多種類型的病毒，其中約 40 種會感染人類的生殖器官。HPV 可引致子宮頸、陰道、外陰及肛門的癌前病變及癌症。</p>
<p>2. What is HPV vaccine? Human Papillomavirus (HPV) vaccine (also named as cervical cancer vaccine) is a prophylactic vaccine to prevent cervical cancer as well as other HPV-related cancers and diseases. In Hong Kong, about 90% of cases of cervical cancer were caused by persistent infection with high-risk HPV-16, 18, 31, 33, 45, 52 and 58. All the above seven HPV types are included in the 9-valent HPV vaccine.</p>	<p>2. 甚麼是人類乳頭瘤病毒疫苗？ 人類乳頭瘤病毒疫苗（簡稱 HPV 疫苗，又稱子宮頸癌疫苗）是一種預防性疫苗，能預防子宮頸癌及其他因感染 HPV 而引致的癌症和疾病。在香港，約九成的子宮頸癌是由 HPV-16, 18, 31, 33, 45, 52, 58 型病毒感感染而引起。九價人類乳頭瘤病毒疫苗能覆蓋以上七種 HPV 基因型。</p>
<p>3. How many doses of HPV vaccine are recommended?</p> <ul style="list-style-type: none"> For immunocompetent females, a 2-dose schedule is recommended, with an interval of 5-13 months between two doses. For individuals who are immunocompromised, a 3-dose schedule is recommended. Three doses of HPV vaccine should be given at 0, 1, 6 months. 	<p>3. 建議接種多少劑 HPV 疫苗？</p> <ul style="list-style-type: none"> 建議免疫功能正常的女生應接種兩劑疫苗，而兩劑疫苗的接種時間相隔 5-13 個月。 建議免疫力弱的人應接種三劑疫苗，而三劑疫苗的接種時間應在第 0, 1 及 6 個月。
<p>4. What are the conditions requiring written documentation from doctors? Vaccine recipients should consult doctors for fitness for HPV vaccination and obtain written documentation beforehand if they have any of the following conditions:</p> <ul style="list-style-type: none"> Immunosuppression from diseases or treatment (e.g. current cancer treatment such as chemotherapy and radiotherapy, taking immunosuppressive medicines such as high dose corticosteroid, etc.) Post-chemotherapy History of adverse reactions to a previous dose of HPV vaccine Bleeding tendency 	<p>4. 有甚麼情況需要提供書面證明？ 有以下任何情況的疫苗接種者應先就她們是否適宜接種 HPV 疫苗徵詢醫生意見，並取得相關書面證明：</p> <ul style="list-style-type: none"> 因疾病或治療而導致免疫功能受抑制的人士（例如正在接受化學治療[又稱「化療」]及放射治療[又稱「電療」]等治療、服用會令免疫功能降低的藥物如高劑量類固醇[又稱「肥仔丸」]等） 曾接受化學治療 曾對 HPV 疫苗有不良反應 有出血傾向
<p>5. Who should not receive HPV vaccine? People with the following conditions:</p> <ul style="list-style-type: none"> Serious allergic reaction to any of the vaccine component, or following a previous dose of HPV vaccine Aged below 9 years Pregnancy Severe allergic reaction to yeast (used in baking bread) 	<p>5. 誰不宜接種 HPV 疫苗？ 有下列情況的人士：</p> <ul style="list-style-type: none"> 對子宮頸癌疫苗或其成份曾有嚴重的過敏反應 九歲以下 懷孕 對酵母（製麵包的其中一種材料）曾有嚴重過敏反應
<p>6. What should be noted before immunisation?</p> <ul style="list-style-type: none"> Vaccination should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor illness, such as symptoms of mild upper respiratory tract infection (common cold, cough etc.), is not a contraindication for immunisation. Currently there is no adequate scientific evidence to show an additional benefit of receiving 9-valent HPV vaccine for those who have completed vaccination with 2-valent or 4-valent HPV vaccine. Therefore, no further 9-valent vaccine would be offered for these individuals. 	<p>6. 接種 HPV 疫苗前有甚麼注意事項？</p> <ul style="list-style-type: none"> 在疫苗接種當日有輕微不適，如上呼吸道感染徵狀（傷風、咳嗽等），是可以接種此疫苗的。但如果有發燒或病情較重，則應於痊癒後才接種疫苗。 現時沒有足夠科學證據顯示在完成接種 2 價或 4 價 HPV 疫苗後接種 9 價 HPV 疫苗有額外的益處。因此，這些人士不會獲安排再接種 9 價 HPV 疫苗。
<p>7. What are the possible reactions after immunisation? HPV vaccines are generally safe. Most people do not have serious reactions after receiving HPV vaccination. Common side effects are similar to those from other vaccinations, such as:</p> <ul style="list-style-type: none"> Mild and short-lasting side effects, including headache, dizziness, nausea and fatigue Soreness, redness or swelling at the injection site Fever 	<p>7. 接種 HPV 疫苗後可能會出現甚麼反應？ 一般而言，HPV 疫苗是安全的，大多數人士在接種此疫苗後，都不會有嚴重反應。常見的副作用與其他疫苗相似，包括：</p> <ul style="list-style-type: none"> 輕微而短暫情況，包括頭痛、頭暈、噁心、疲倦 接種部位疼痛或紅腫 發燒
<p>8. If student misses the vaccination at school, please visit the designated centres for HPV vaccination.</p>	<p>8. 如學生錯過了在學校的接種日，請前往指定中心接種 HPV 疫苗。</p>
<p>For more detailed information, please visit website of Centre for Health Protection of DH: https://www.chp.gov.hk/en/features/102146.html</p> 	<p>如欲獲取更多資料，請瀏覽衛生署衛生防護中心網頁 https://www.chp.gov.hk/zh/features/102146.html</p> 

(Human Papillomavirus (HPV) Vaccination Consent Form)

Human Papillomavirus (HPV) Vaccination Consent Form 接種人類乳頭瘤病毒(HPV)疫苗同意書	
Points to Note 填寫注意事項 <ul style="list-style-type: none"> • Please complete in BLOCK LETTERS using black or blue ball pen and put “✓” into the appropriate box(es) and * delete as appropriate. 請用黑色或藍色原子筆以正楷填寫，並在適當的 □ 內加上「✓」號及 * 刪除不適用選項。 • Part I and Part II (CONSENT TO ADMINISTRATION OF HPV VACCINATION) should be completed and signed by parents/ guardian if vaccine recipient is aged below 18. Otherwise, it should be completed by the vaccine recipient. Please read the information on HPV Vaccines and Collection of Personal Data - Statement of Purposes carefully. 如疫苗接種者未滿 18 歲，第一部分及第二部分（接種同意書）須由父母/ 監護人填寫及簽署，否則應由疫苗接種者填寫及簽署。請仔細閱讀人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明。 • Part III (CONSENT TO REGISTER eHealth) should be completed and signed by Substitute Decision Maker if the vaccine recipient is aged below 16 or aged 16 or above but incapable of giving consent. Otherwise, it should be completed by the vaccine recipient. Please read the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully. 如疫苗接種者未滿 16 歲或為年滿 16 歲但無能力自行給予同意的人士，第三部分（登記醫健通同意書）須由代決人填寫及簽署，否則應由疫苗接種者填寫及簽署。請仔細閱讀醫健通資料，包括參與者須知及收集個人資料聲明。 • A consent form is required for each dose of vaccination. Completed form should be returned to school/ designated centre. 須就接種每一劑疫苗簽署一份同意書，並於填妥後交回學校/ 指定中心。 	
Part I 【Vaccine Recipient Information】 第一部分 【疫苗接種者資料】	
1. VACCINE RECIPIENT INFORMATION 疫苗接種者資料 Vaccine Recipient's Full Name (as indicated in identity document) 疫苗接種者姓名 (請根據身份證明文件填寫) Surname <input type="text"/> 姓 (中文) First Name <input type="text"/> 名 (中文) Date of Birth 出生日期: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY	
2. IDENTITY DOCUMENT 身份證明文件 Please fill in information based on (i) or (ii) below 請填下列 (i) 或 (ii) 項資料	
(i) Hong Kong Identity Card No. 香港身份證號碼: <input type="text"/> () HKIC Symbol 身份證符號標記: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> U <input type="checkbox"/> Others AND 及 Date of Issue 簽發日期: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY	(ii) Other Identity Document, please specify: 其他身份證明文件，請註明： Document Type 類別: _____ Document No. 號碼: <input type="text"/> MUST attach a copy of the document to this consent form 並必須隨同意書附上該身份證明文件的副本
(If applicable 如適用) School Name 學校名稱: _____ Class 班別: _____ Class No. 班號: _____	
3. VACCINATION RECORD 疫苗接種記錄 Has the vaccine recipient received Human Papillomavirus vaccination in the past? 疫苗接種者是否曾經接種人類乳頭瘤病毒疫苗? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. Already had 已接種 _____ dose ((doses) 劑 Last vaccination date 最近一次接種日期: <input type="text"/> MM(月) / <input type="text"/> YYYY(年) <input type="checkbox"/> Can submit immunisation records of the vaccine recipient for checking (pertaining to HPV vaccination or not). 接種當日會提供接種記錄(針卡)給接種隊職員查閱(不論是否曾經接種人類乳頭瘤病毒疫苗)。 <input type="checkbox"/> Cannot submit any immunisation records of the vaccine recipient but still agree to receive the vaccine. (Please apply for reissue of immunisation record if lost) 未能提供接種記錄(針卡)，但仍同意接種此疫苗。(如遺失，請盡快補領)	
4. IMMUNOCOMPROMISED PERSON 免疫力弱人士 Is the vaccine recipient an immunocompromised person? 疫苗接種者是否免疫力弱人士? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是. I can submit written documentation. 能提供相關書面證明。	
5. eHealth REGISTRATION 登記醫健通 <input type="checkbox"/> Vaccine recipient has already registered eHealth. (Please fill in Part II) 疫苗接種者已登記醫健通計劃。(請填寫第二部份) <input type="checkbox"/> Vaccine recipient has not registered or is unsure of her eHealth registration status. (Please fill in Part II and III) 疫苗接種者未登記或不確定是否已登記醫健通。(請填寫第二及第三部份)	

Part II 【 Consent/ Refusal of Vaccination 】**第二部分 【 接種同意書/ 不同意書 】****1. CONSENT TO ADMINISTRATION OF HPV VACCINATION 接種同意書** **CONSENT 同意**

I have read and understood this document and the attached information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, including persons/ conditions not suitable for receiving HPV vaccine, and **AGREE** for myself/ my child/ ward* to receive the HPV vaccine (1st/ 2nd/ 3rd dose *Note*)* as arranged by the Department of Health (DH) and for school to release the related information to the vaccination team arranged by the DH for verification where applicable/ necessary.

I agree for myself/ my child/ ward* to register eHealth if the vaccine recipient has not yet registered. If verification shows that she has not yet registered, the vaccine recipient/ parents/ guardian agrees to provide further information of the vaccine recipient to the Department of Health/ authorised healthcare providers and consent for eHealth registration of the vaccine recipient.

[Note: DH will arrange eligible females to receive two doses of HPV vaccine. The 2nd dose of HPV vaccine will be provided within 5-13 months after the 1st dose. For those who are immunocompromised with valid referral letter, three doses of HPV vaccine will be provided, with the 2nd dose and 3rd dose arranged at minimum intervals of 1 month and 6 months after the 1st dose respectively.]

本人已閱讀及明白本檔及隨附有關人類乳頭瘤病毒(HPV)疫苗的資料及收集個人資料的用途聲明，包括不宜接種人類乳頭瘤病毒(HPV)疫苗的人士/ 情況，及 **同意** 本人/ 小女/ 受監護者* 接種衛生署安排之人類乳頭瘤病毒疫苗（第一劑/ 第二劑/ 第三劑^E）*，並同意學校提供相關資料予衛生署安排的疫苗接種隊作核對之用（如適用，請留意）。

如疫苗接種者並未登記醫健通，本人/ 小女/ 受監護者* 同意登記醫健通。若經核證後發現疫苗接種者並未登記醫健通，疫苗接種者/ 家長/ 監護人同意向衛生署/ 獲授權的醫護機構提供疫苗接種者的進一步資料及同意疫苗接種者登記醫健通。

[註：本署會安排合資格接種 HPV 疫苗的女生接種共兩劑疫苗，並在完成第一劑疫苗後 5-13 個月內，安排為其接種第二劑疫苗。免疫力弱並持有效轉介信的女生，則會獲安排接種共三劑疫苗，第一劑、第二劑、第三劑疫苗會分別安排在其完成第一劑疫苗後相隔最少 1 及 6 個月接種。]

 REFUSE 不同意

I have read and understood this document and the information on HPV Vaccines and Collection of Personal Data - Statement of Purposes, and **DISAGREE** for myself/ my child/ ward* (filled information in Part I) to receive the HPV vaccine as arranged by the Department of Health (DH) due to:

本人已閱讀及明白本檔及隨附的人類乳頭瘤病毒(HPV)疫苗接種資料的內容及收集個人資料的用途聲明，及 **不同意** 本人/ 小女/ 受監護者*（第一部分已填寫的資料）接種衛生署安排之人類乳頭瘤病毒(HPV)疫苗，原因是：

- Fully vaccinated with HPV vaccines 已完全接種人類乳頭瘤病毒疫苗接種
- With a history of serious allergic reaction to any of the vaccine components, or following a previous dose of HPV vaccine
對人類乳頭瘤病毒疫苗或其成份曾有嚴重的過敏反應
- With a history of severe allergic reaction to yeast (used in baking bread) 對酵母（製麵包的其中一種材料）曾有嚴重過敏反應
- Currently pregnant 現正懷孕
- Worried about adverse effects 擔心不良反應
- Others 其他 (please specify 請註明: _____)

Signature of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/ 家長/ 監護人*簽署：	Relationship with Student 與學生關係：(If applicable 如適用) <input type="checkbox"/> Father 父 <input type="checkbox"/> Mother 母 <input type="checkbox"/> Guardian 監護人
Name of Vaccine Recipient/ Parents/ Guardian*: 疫苗接種者/ 家長/ 監護人*姓名：	Contact Number: 聯絡電話：
Date of Signature: 簽署日期：	

Part III 【 Registration of eHealth 】**第三部分 【 登記醫健通 】**

The following part is **ONLY** applicable to those who have not registered eHealth 下列部分僅供未登記醫健通人士填寫

- I have read and understood the "Participant Information Notice" and "Personal Information Collection Statement" of eHealth and I/ on behalf of the healthcare recipient (HCR) **AGREE** to register with eHealth, which enables authorised healthcare providers to access and share the HCR's eHealth records for healthcare purposes.

本人已閱讀及明白醫健通的「參與者須知」及「收集個人資料聲明」，及 **同意** 本人/ 代表醫護接受者登記參加醫健通，讓獲授權的醫護機構存取及互通醫護接受者於醫健通的紀錄作醫護用途。

Completed and signed by vaccine recipient aged 16 or above 由16歲或以上疫苗接種者填寫及簽署			
Signature of Vaccine Recipient: 疫苗接種者簽署：	Mobile Number for receiving system notifications: 手提電話號碼以收取系統通知：	Date of Signature: 簽署日期：	
Completed and signed by Substitute Decision Maker (SDM) (i.e. parent or guardian) (Only applicable to vaccine recipient aged under 16/ aged 16 or above but incapable of giving consent) 由代決人（即家長或監護人）填寫及簽署（只適用於十六歲以下兒童/ 年滿十六歲但無能力自行給予同意的人士）			
SDM's Surname in English: 代決人英文姓氏：	SDM's Given Name in English: 代決人英文名：	SDM's Contact Telephone Number: 代決人聯絡電話號碼：	Mobile Number for receiving system notifications: 手提電話號碼以收取系統通知：
SDM's HK Identity Card No.: 代決人香港身份證號碼：	For non HK Identity Card holder, please fill in information of other identity document 如非香港身份證持有人，請填寫其他身份證明文件資料		
	Document Type: 證明文件類別：	Document Number: 證件號碼：	
Relationship with Vaccine Recipient: 與疫苗接種者關係：			
<input type="checkbox"/> Vaccine recipient aged under 16 疫苗接種者為十六歲以下兒童 Parents/ Family Member/ Residing Person/ Guardian appointed under Guardianship of Minors Ordinance/ Person appointed by court * 家長/ 家人/ 同住人士/ 根據《未成年人監護條例》委任的監護人/ 獲法院委任的人*			
<input type="checkbox"/> Vaccine recipient aged 16 or above but incapable of giving consent 疫苗接種者為年滿十六歲但無能力自行給予同意的人士 Family Member/ Residing Person/ Guardian appointed under Mental Health Ordinance/ Director of Social Welfare appointed under Mental Health Ordinance/ Person appointed by court * 家人/ 同住人士/ 根據《精神健康條例》委任的監護人/ 社會福利署署長或根據《精神健康條例》委任的監護人/ 獲法院委任的人*			
Signature of SDM: 代決人簽署：	Date of Signature: 簽署日期：		
Part IV To Be Filled In By The Healthcare Worker Providing The Vaccination 第四部分 以下資料只由提供疫苗接種的醫護人員填寫			
<input type="checkbox"/> First Dose 第一劑 <input type="checkbox"/> Second Dose 第二劑 <input type="checkbox"/> Third Dose 第三劑 (only for individuals who are immunocompromised/ with valid referral letter 只適用於免疫力弱/ 持有效轉介信的人士)			
<input type="checkbox"/> HPV vaccination was provided to the vaccine recipient 已為接種者接種人類乳頭瘤病毒(HPV)疫苗			
<input type="checkbox"/> HPV vaccination was NOT provided to the vaccine recipient due to: 沒有為接種者接種人類乳頭瘤病毒疫苗，原因是： <ul style="list-style-type: none"> <input type="checkbox"/> absent from school 缺課 <input type="checkbox"/> vaccination refused 拒絕接種 <input type="checkbox"/> discomfort 身體不適 <input type="checkbox"/> others 其他 (please specify 請註明：_____) 			
Signature of Vaccination Staff 接種職員簽署：			
Name of Enrolled Doctor 已配對醫生姓名：			
Date of Vaccination 接種日期：			

Collection of Personal Data - Statement of Purposes 收集個人資料的用途聲明
<p>Statement of Purpose of Collection of Personal Data</p> <p>1. The personal data provided will be used by the Government for one or more of the following purposes:</p> <ul style="list-style-type: none"> (i) confirm vaccine recipients' identity. For creation, processing and maintenance of an eHealth (Subsidies) account, payment of subsidy, and the administration and monitoring of the Human Papillomavirus (HPV) Vaccination activities, including but not limited to a verification procedure by electronic means with the data kept by the Immigration Department; (ii) for medical examinations, diagnosis, preparing test results, provision of treatment for continuation of care, and for reference by medical professionals; (iii) for statistical and research purposes; and any other legitimate purposes as may be required, authorised or permitted by law. <p>2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.</p> <p>3. The provision of personal data is voluntary. If you do not provide sufficient information, you/ your child/ ward may not be able to receive vaccination.</p> <p>Classes of Transferees</p> <p>4. The personal data you provided are mainly for use within the Government but the information may also be disclosed by the Government to other organisations and third parties for the purposes stated in paragraphs 1 and 2 above, if required.</p> <p>Access to Personal Data</p> <p>5. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request.</p> <p>Enquiries</p> <p>6. Enquiries concerning the personal data provided, including the request for access and correction, should be addressed to: Executive Officer, Programme Management and Vaccination Division, Centre for Health Protection, 4/F, 147C Argyle Street, Kowloon (Telephone No.: 2125 2125)</p> <p>收集個人資料目的</p> <p>1. 所提供的個人資料，會供政府作下列一項或多項用途：</p> <ul style="list-style-type: none"> i. 確認疫苗接種者身份。開設、處理及管理醫健通（資助）戶口，接種費付款，及執行和監察 HPV 疫苗接種活動，包括但不限於通過電子程式與人境事務處的數據核對； ii. 作為醫療檢查、診斷研究、化驗結果、跟進治療，並供其他專業醫護人員作參考之用； iii. 作統計和研究用途；及作法例規定、授權或准許的任何其他合法用途。 <p>2. 就是次疫苗接種作出的疫苗接種記錄，可給公營及私營醫護人員，作為決定及為服務使用者提供所需要的醫療服務的用途。</p> <p>3. 提供個人資料乃屬自願性質。如果你不提供充分的資料，你/ 你的女兒/ 受監護者可能無法獲疫苗接種。</p> <p>接受轉介人的類別</p> <p>4. 你所提供的個人資料，主要是供政府內部使用，但政府亦可能於有需要時，因以上第 1 及 2 段所列收集資料的目的而向其他機構和第三者人士披露。</p> <p>查閱個人資料</p> <p>5. 根據《個人資料(私隱)條例》(香港法例第 486 章) 第 18 和第 22 條以及附表 1 保障資料原則第 6 原則所述，你有權查閱及修正你的個人資料。本署應查閱資料要求而提供資料時，可能要徵收費用。</p> <p>查詢</p> <p>6. 如欲查閱或修改有關提供的個人資料，請聯絡：九龍亞皆老街147C四樓衛生防護中心項目管理及疫苗計劃科行政主任（電話：2125 2125）。</p>

6.2 Number of Students Consent/Refuse to Receive Human Papillomavirus (HPV) Vaccination in

Each Class

(Applicable only to Secondary Schools, including the secondary section of Special Schools)

Appendix 6.2



Department of Health
Human Papillomavirus (HPV)
Vaccination Catch-up Programme
Number of Students Consent/ Refuse to Receive
Human Papillomavirus (HPV) Vaccination in Each Class



- Count and fill in no. of students consent/ refuse to receive HPV vaccination in each class after collecting the Consent Forms from parents/ guardian.
- Communicate with the vaccination team **AT LEAST 6 WEEKS** before the vaccination date. The vaccination team will arrange staff to collect the Consent Forms showing who agree to receive HPV vaccination from the schools. Please pass this form together with those agreed Consent forms to them.
- Thereafter, email a copy of this form to the Programme Management & Vaccination Division (PMVD) of the Centre for Health Protection via hpvp@dh.gov.hk within **ONE WORKING DAY**.

Secondary 5 / 6* or Others (Please specify: _____)

(The following information is shown in Item 3 and 4 of Part I of the Consent Form)

Class	No. of consented students					Total
Have not received HPV vaccine before (A1)						
Received 1 dose of HPV vaccine (A2)						
Received 2 doses of HPV vaccine (A3)						
Received 3 or more doses of HPV vaccine (A4)						
Total (A1+A2+A3+A4)						

Class	No. of consented students who are immunocompromised					Total
Have not received HPV vaccine before (B1)						
Received 1 dose of HPV vaccine (B2)						
Received 2 doses of HPV vaccine (B3)						
Received 3 or more doses of HPV vaccine (B4)						
Total (B1+B2+B3+B4)						

*Please circle the option(s) as appropriate

Total no. of consented students: _____

(The following information is shown in Part II of the Consent Form)

Class	No. of students disagree to receive HPV vaccination with reason(s)					Total
Fully vaccinated with HPV vaccine						
With a history of serious allergic reaction to any of the vaccine components, or following a previous dose of HPV vaccine						
With a history of severe allergic reaction to yeast (used in baking bread)						
Currently pregnant						
Worried about adverse effects						
Others						

Total no. of students disagree to receive HPV vaccination: _____

School Chop: _____
 Name of school: _____
 Date: _____

6.3 Consent Forms Receipt Note

To: PMVD, CHP
 Email: hpvp@dh.gov.hk

From: _____ (Name of Organisation)
 Name: _____ (Contact person)
 Tel: _____
 Date: _____

Please check with school, complete the form below and email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Email: **hpvp@dh.gov.hk**) **within one working day after collection of consent forms.**

**Human Papillomavirus (HPV) Vaccination Catch-up Programme
 Public-Private-Partnership (PPP) Vaccination Team**

Consent Forms Receipt Note

This is to acknowledge that the PPP Vaccination Team under Dr. _____
 (Name of Doctor) of _____
 (Organisation) has collected _____ (Quantity) Consent Forms from
 _____ (Name of School) on
 _____ (Date).

Signature of Collector and Organisation
Chop of
the PPP Vaccination Team

Signature of School Representative
and School Chop

Name of Collector of
the PPP Vaccination Team

Name of School Representative

6.5 Notice to Vaccine Recipient/ Parents or Guardian of the Student on Human Papillomavirus

(HPV) Vaccination

Appendix 6.5

(Consented and Not Consented)

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 (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: _____

¹ Please arrange reissue of immunisation record if lost.

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: _____

6.7 Immunisation Record (DH6) / Vaccination Record (DH2684)

Appendix 6.7a

HONG KONG CHILDHOOD IMMUNISATION PROGRAMME
香港兒童免疫接種計劃

Age/Grade 年歲/年級	Immunisation Recommended 應接種的疫苗
Newborn 初生	Bacille Calmette-Guérin (BCG) Vaccine - 卡介苗 Hepatitis B Vaccine - First Dose - 乙型肝炎疫苗 - 第一次
1 month 一個月	Hepatitis B Vaccine - Second Dose - 乙型肝炎疫苗 - 第二次
2 months 兩個月	DTaP-IPV Vaccine - First Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗 - 第一次 Pneumococcal Vaccine - First Dose - 肺炎球菌疫苗 - 第一次
4 months 四個月	DTaP-IPV Vaccine - Second Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗 - 第二次 Pneumococcal Vaccine - Second Dose - 肺炎球菌疫苗 - 第二次
6 months 六個月	DTaP-IPV Vaccine - Third Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗 - 第三次 Hepatitis B Vaccine - Third Dose - 乙型肝炎疫苗 - 第三次
12 months 十二個月	Measles, Mumps & Rubella (MMR) Vaccine - First Dose 麻疹、流行性腮腺炎及德國麻疹混合疫苗 - 第一次 Pneumococcal Vaccine - Booster Dose - 肺炎球菌疫苗 - 加強劑 Varicella Vaccine - First Dose - 水痘疫苗 - 第一次
18 months 十八個月	DTaP-IPV Vaccine - Booster Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗 - 加強劑 Measles, Mumps, Rubella & Varicella (MMRV) Vaccine - Second Dose* 麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗 - 第二次*
Primary 1, 小二	DTaP-IPV Vaccine - Booster Dose 白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗 - 加強劑
Primary 5 小五	Human Papillomavirus Vaccine - First Dose* 人類乳頭瘤病毒疫苗 - 第一次*
Primary 6 小六	dTap-IPV Vaccine - Booster Dose 白喉(減量)、破傷風、無細胞型百日咳(減量)及滅活小兒麻痺混合疫苗 - 加強劑 Human Papillomavirus Vaccine - Second Dose* 人類乳頭瘤病毒疫苗 - 第二次*

DTaP-IPV Vaccine : Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine
dTap-IPV Vaccine : Diphtheria (reduced dose), Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine

*Children born on or after 1.7.2018 receive MMRV vaccine at 18 months old in Maternal and Child Health Centres. Children born between 1.1.2013 and 30.6.2018 receive MMRV vaccine in Primary 1.

*2018年7月1日或以後出生的兒童會於18個月大在母嬰健康院接種麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗。2013年1月1日至2018年6月30日出生的兒童會於小學一年級接種麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗。

*Starting from the 2019/20 school year, eligible female students receive the first dose of 9-valent HPV vaccine in Primary 5 and the second dose when they reach Primary 6 in the next school year.

*由2019/20學年起，合資格的女學生會於小學五年級接種「九價人類乳頭瘤病毒疫苗」的第一次，並於下一學年小六接種第二次。

DEPARTMENT OF HEALTH
THE GOVERNMENT OF THE HONG KONG
SPECIAL ADMINISTRATIVE REGION
香港特別行政區政府衛生署

IMMUNISATION RECORD
免疫接種記錄

Name 姓名 _____

Date of Birth 出生日期 _____ Sex 性別 _____

Parent's/Guardian's Name
父母 / 監護人姓名 _____

MCHC Case No.
母嬰健康院編號 _____

MCH Centre
母嬰健康院 _____

eHR No.
電子健康紀錄號碼 _____

This record should be presented when the child receives immunisation.
請在接種疫苗時出示此記錄。
兒童接種疫苗時出示此記錄。
請妥善保存免疫接種記錄，因孩子日後升學或移民時，此記錄可作為孩子曾接種過相關疫苗的證明。

重要文件，請永久保存
Please retain this immunisation record indefinitely

DH6 (Rev 2020)

Name 姓名	Date of Birth 出生日期	Type of Vaccine 疫苗種類	Remarks 備註
		Bacille Calmette-Guérin (BCG) Vaccine - 卡介苗	
		Hepatitis B Immunoglobulin 乙型肝炎免疫球蛋白	需要 不需要
		Hepatitis B Vaccine 乙型肝炎疫苗	第一次 第二次 第三次
		DTaP-IPV Vaccine 白喉、破傷風、無細胞型百日咳及滅活小兒麻痺混合疫苗	第一次 第二次 第三次 加強劑 加強劑
		dTap-IPV Vaccine 白喉(減量)、破傷風、無細胞型百日咳(減量)及滅活小兒麻痺混合疫苗	加強劑
		Pneumococcal Vaccine 肺炎球菌疫苗	第一次 第二次 加強劑
		Measles, Mumps & Rubella (MMR) Vaccine 麻疹、流行性腮腺炎及德國麻疹混合疫苗	第一次
		Varicella Vaccine 水痘疫苗	第一次
		Measles, Mumps, Rubella & Varicella (MMRV) Vaccine 麻疹、流行性腮腺炎、德國麻疹及水痘混合疫苗	第二次
		Human Papillomavirus Vaccine 人類乳頭瘤病毒疫苗	第一次 第二次
		Others 其他	

DTaP-IPV Vaccines : Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine
dTap-IPV Vaccine : Diphtheria (reduced dose), Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine
Please indicate if the child had an infection caused by the viruses / bacteria covered by the concerned vaccines or developed adverse events after immunisation. 請在此註明兒童曾受相關疫苗所涵蓋的病毒/細菌感染或接種疫苗後出現不良反應。

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

Appendix 6.8

(On Vaccination Day)

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 _____ °C)/ 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 make an appointment with a School Immunisation Team sub-office or a Student Health Service Centre for reservation of HPV vaccination, i.e. NO walk-in session. Documents to bring:

- 1) Signed Consent Form;
- 2) This Notification; and
- 3) Identity Document.

Name of Medical Organisation and Official Stamp : _____

Telephone Number : _____

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

<p>Information on School Immunisation Teams Sub-offices</p> 	<p>Information on Student Health Service Centres</p> 
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6.9 Notification to Student/ Parents or Guardian of Immunocompromised Student on Completion of 3 doses of Human Papillomavirus (HPV) Vaccination

Appendix 6.9

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 Immunocompromised Student on Completion of 3 doses of 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 -

(A) For cases where 1st dose of HPV vaccine has been administered

- administer the 1st dose of HPV to you/ your child/ward* and please make an appointment with a ^{Note}School Immunisation Team sub-office or a Student Health Service Centre for reservation on 2nd and 3rd dose of HPV, i.e. NO walk-in session.

2 nd dose (at least ONE month after 1 st dose)	3 rd dose (at least FIVE months after the 2 nd dose)
Date after: (DD/MM/YYYY)	Date after: (DD/MM/YYYY)

(B) For cases where no HPV vaccination has been done at schools

- HPV vaccine has not been administered to you/ your child/ ward* after assessment due to the physical condition [e.g. flu symptoms/ fever (body temperature ____ °C)/ others _____]
- you/ your child/ ward* refused vaccination
- you/ your child/ward* may require further assessment before vaccination by health care professionals in appropriate medical facilities. Please consult your family doctor for further advice.



Please make an appointment with ^{Note}School Immunisation Team sub-office or a Student Health Service Centre for completion of 3-dose HPV vaccination, i.e. NO walk-in session.

^{Note}Documents to bring: 1) Signed Consent Form; 2) This Notification; and 3) Identity Document.

Name of Medical Organisation and Official Stamp : _____

Telephone Number : _____

* please delete where appropriate and please tick “✓” in the appropriate box

Information on School Immunisation Teams Sub-offices 	Information on Student Health Service Centres 
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6.10 Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after

Human Papillomavirus (HPV) Vaccination

Appendix 6.10

接種者／家長或監護人須知

人類乳頭瘤病毒疫苗 (HPV 疫苗) 接種後的反應

一般而言，HPV 疫苗是安全的，大多數學生在接種此疫苗後，都不會有嚴重反應。

常見的副作用與其他疫苗相似，包括：

- (1) 輕微而短暫情況，包括頭痛、頭暈、噁心、疲倦。
- (2) 接種部位疼痛或紅腫。
- (3) 發燒。

學生如何應對這些反應：

- (1) 接種疫苗後坐下或躺下 15-20 分鐘有助預防出現暈量甚至跌倒或受傷的情況。
- (2) 可用冷敷以舒緩接種部位的疼痛或紅腫。

Advice to Vaccine Recipient/ Parents or Guardian of Student on Possible Reactions after Human Papillomavirus (HPV) Vaccination

HPV vaccines are generally safe. Most students do not have serious reactions after receiving HPV vaccination. Common side effects are similar to those from other vaccinations, such as:

- (1) Mild and short-lasting side effects, including headache, dizziness, nausea and fatigue.
- (2) Soreness, redness or swelling at the injection site.
- (3) Fever.

These can be readily managed by:

- (1) Sitting or lying down (for 15-20 minutes) after vaccination, which can help to prevent fainting and even falls or injuries.
- (2) Applying cold compress to relieve soreness and swelling at the injection site.

(只適用於學校外展)

(Applicable only for School Outreach)

**人類乳頭瘤病毒(HPV)疫苗補種計劃
學生接種記錄報告 (接種日)**
**Human Papillomavirus (HPV) Vaccination Catch-up Programme
Student Vaccination Report (On Vaccination Day)**

請 貴校與醫療機構核對資料並於疫苗接種活動後一個工作天內電郵此表格至衛生防護中心項目管理及疫苗計劃科(電郵: hpvp@dh.gov.hk)

Please check with medical organisation and email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Email: hpvp@dh.gov.hk) **within one working day after completion of each vaccination activity.**

學校編號	:	學校名稱	:
School Code	:	Name of school	:
服務提供者號碼	:	負責醫生姓名	:
SPID	:	Name of responsible doctor	:
醫療機構名稱	:		
Name of medical organisation	:		
接種日期	:		
Date of vaccination	:		
接種場次	:	<input type="checkbox"/> 第一劑 (1st dose)	<input type="checkbox"/> 第二劑 (2nd dose)
Vaccination session	:		
同意接種人數	:		
Total no. of consented students	:		
實際接種人數*	:		
Total no. of vaccinated students*	:		

貴校有否於人類乳頭瘤病毒(HPV)疫苗學校外展活動中安排學生接種其他疫苗 (例如: 季節性流感疫苗)? Has your School arranged other vaccination (e.g. Seasonal Influenza Vaccination) for students during the HPV School Outreach activity?	
<input type="checkbox"/> 有 YES	<input type="checkbox"/> 沒有 NO
疫苗種類 Type of Vaccine :	<input type="checkbox"/> 季節性流感疫苗 Seasonal Influenza Vaccination
	<input type="checkbox"/> 其他(請注明) Others (please specify) :
實際接種人數 Actual no. vaccinated*:	

*接種當日的實際接種學生人數(未必等於同意接種人數)

*Counting actual no. of vaccinated students on vaccination day (May be different from the no. of consented students)

由醫療機構職員填寫
Fill in by **medical organisation** staff

簽署	:		
Signature	:		
姓名	:		
Name	:		
職位	:		
Post	:		
電話	:		
Contact No.	:		醫療機構蓋印 Clinic Chop

由學校職員填寫
Fill in by **school** staff

簽署	:		
Signature	:		
姓名	:		
Name	:		
職位	:		
Post	:		
電話	:		
Contact No.	:		



Department of Health
Human Papillomavirus (HPV) Vaccination Catch-up Programme
Clinical Waste Temporary Storage Handover Form



Note:

1. This form applies **ONLY** under the condition of licensed clinical waste collector is **UNABLE** to collect the clinical waste immediately after the school vaccination activity. Participating Medical Organisation and School should keep the original/ a copy of the form.
2. The Medical Organisation staff shall close and securely seal the lid of the sharps box, probably store in labelled and lockable cabinet(s) for a licensed clinical waste collector to collect at the school or for a healthcare professional to deliver to the Chemical Waste Treatment Centre (CWTC).
3. The school staff shall turn in all sharps box to the collector. With the verification of the weight of sharps box, sign and stamp the clinical chop on the Clinical Waste Trip Ticket as confirmation.

I. Contact Information

1. Name of Enrolled Doctor: (Chinese/English) _____ 2. School ID: _____
3. Affiliated Medical Organisation Name (Chinese/English) _____
4. School Name: (Chinese/ English) _____
5. School Code: _____ 6. Transfer Date: _____
7. Estimated Sharp Box Collection date: _____
8. Licensed Clinical Waster Collector Name/
Full Name of the Healthcare Professional to deliver Clinical Waste: _____

II. Handover Details of Clinical Waste

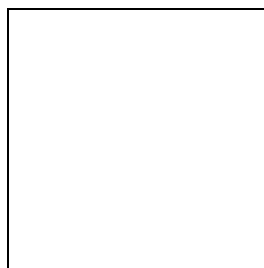
Vaccination Session (Please tick "✓" in the appropriate <input type="checkbox"/> box)	Sharps Box Quantity
<input type="checkbox"/> 1 st dose vaccination <input type="checkbox"/> 2 nd Dose vaccination	_____ Box(es)

III. Signature and the Clinic Chop of Medical Organisation and School

To be completed by Medical Organisation staff

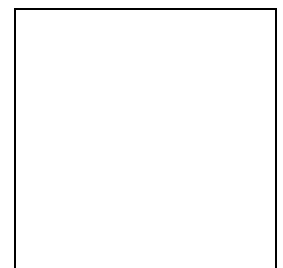
To be completed by School staff

Signature : _____
 Full Name : _____
 Position Title : _____
 Phone Contact : _____



Medical
Organisation
Clinic Chop

Signature : _____
 Full Name : _____
 Position Title : _____
 Phone Contact : _____



School Chop

環境保護署 Environmental Protection Department
 香港法例第 354 章廢物處置條例 Waste Disposal Ordinance (Chapter 354)
 廢物處置(醫療廢物)(一般)規例 Waste Disposal (Clinical Waste) (General) Regulation
 醫療廢物運載記錄 CLINICAL WASTE TRIP TICKET

廢物產生者 / 委託者存
 Waste Producer / Consignor Co

填寫此表格前請閱讀背頁所載指示 Please read the instructions overleaf before completing this form
 (* 刪去不適用部份 / Delete as appropriate)

運輸記錄編號
 Trip Ticket Number

A. 廢物產生者 / 委託者 WASTE PRODUCER / CONSIGNOR
 本人證實開列於 F(i) 欄內的廢物已適當包裝及貼上標籤, 及由 B 欄的醫護專業人士送往收集站或接收站* / 委託予 D 欄的廢物收集者*。而 A、F(i) 及 G(a) 欄內填報資料, 全屬真實無訛。 I certify that the waste described in F(i) is packed & labelled properly, and delivered to collection point or reception point by healthcare professional in B* or consigned to waste collector in D*. I confirm that the information given in A, F(i) and G(a) is correct.

全名 Full Name
 地址 Address
 聯絡人姓名 Contact Person
 電話號碼 Tel. No.
 傳真號碼 Fax No.
 商業登記號碼 Business Registration No.
 簽名 Signed
 公司印章 Co. Chop
 日期 Date
 時間 Time

B. 醫護專業人士 (如適用) HEALTHCARE PROFESSIONAL (If applicable)
 本人證實已核對及運送 F(i) 欄內的廢物(不含第 4 組廢物)往 C 欄的收集站* / E 欄的接收站*。而 B、F(i) 及 G(b) 欄內填報資料, 全屬真實無訛。 I certify that I have checked and delivered the waste set out in F(i) (which does not contain Group 4 waste) to collection point in C* / reception point in E*. I confirm that the information given in B and G(b) is correct.

全名 Full Name
 醫護專業 Healthcare Profession
 醫務專業人員註冊號碼 Healthcare Professional Body Registration No.
 簽名 Signed
 日期 Date
 時間 Time

C. 收集站 (如適用) COLLECTION POINT (If applicable)
 本人證實本收集站已接收 B 欄的醫護專業人士運送到於 F(i) 欄內的廢物及將其放入 F(ii) 欄內的流動收集箱內。而 C、F(ii) 及 G(c) 欄內填報的資料, 全屬真實無訛。 I certify that the waste set out in F(i) delivered by healthcare professional in B has been received at this collection point and placed inside the Transit Skip(s) in F(ii). I confirm that the information given in C, F(ii) and G(c) is correct.

公司名稱 Company Name
 地址 Address
 收集站經理姓名 Collection Point Manager
 簽名 Signed
 公司印章 Co. Chop
 日期 Date
 時間 Time

D. 廢物收集者 (如適用) WASTE COLLECTOR (If applicable)
 本人證實列於 F(i) 欄內的廢物已收集及放入 F(ii) 欄內的流動收集箱內。而 D、F(ii) 及 G(d) 欄內填報的資料, 全屬真實無訛。 I certify that the waste set out in F(i) is collected and placed inside the Transit Skip in F(ii). I confirm that the information given in D, F(ii) and G(d) is correct.

公司名稱 Company Name
 運載員姓名 Operator Name
 簽名 Signed
 公司印章 Co. Chop
 日期 Date
 時間 Time

E. 接收站 RECEPTION POINT
 本人證實本接收站已接收 B 欄的醫護專業人士運送到於 F(i) 欄內的廢物 / D 欄的廢物收集者運送到於 F(ii) 欄內的流動收集箱*。而 E、F(ii) 及 G(e) 欄內填報的資料, 全屬真實無訛。 I certify that the waste stated in F(i) delivered by healthcare professional in B* / the transit skip(s) stated in F(ii) delivered by waste collector in D* has been received by this reception point. I confirm that the information given in E, F(ii) and G(e) is correct.

設施名稱 Facility Name
 接收站經理姓名 Reception Point Manager
 簽名 Signed
 公司印章 Co. Chop
 日期 Date
 時間 Time

F. 廢物資料 WASTE DESCRIPTION

廢物項目 Item	(i) 醫療廢物種類及數量 (公斤) Clinical Waste Type & Quantity (kg)		(ii) 流動收集箱編號 (由廢物收集員或收站填寫) Transit Skip Serial No. (filled by Waste Collector or Collection Point)		(iii) 接收站接收廢物數量 Waste Quantity Received by Reception Point (公斤) (kg)		G. 註釋 REMARKS
	Group 1 / Non-Group 1	Group 2 / Non-Group 2					
1	第三組 / 非第三組* Group 3 / Non-Group 3*	公斤 kg			公斤 kg		(i) 醫護專業人士 Healthcare Professional
2	第三組 / 非第三組* Group 3 / Non-Group 3*	公斤 kg			公斤 kg		(ii) 收集站 Collection Point
3	第三組 / 非第三組* Group 3 / Non-Group 3*	公斤 kg			公斤 kg		(iii) 廢物收集者 Waste Collector
4	第三組 / 非第三組* Group 3 / Non-Group 3*	公斤 kg			公斤 kg		(iv) 接收站 Reception Point
5	第一組 / 非第一組* Group 1 / Non-Group 1*	公斤 kg			公斤 kg		
6	第一組 / 非第一組* Group 1 / Non-Group 1*	公斤 kg			公斤 kg		
7	第一組 / 非第一組* Group 1 / Non-Group 1*	公斤 kg			公斤 kg		
8	第一組 / 非第一組* Group 1 / Non-Group 1*	公斤 kg			公斤 kg		

G. 註釋 REMARKS
 (i) 廢物產生者/委託者 Waste Producer/Consignor
 (ii) 醫護專業人士 Healthcare Professional
 (iii) 收集站 Collection Point
 (iv) 廢物收集者 Waste Collector
 (v) 接收站 Reception Point