

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



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: _____