



Department of Health

Human Papillomavirus 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. SPID: _____
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: _____

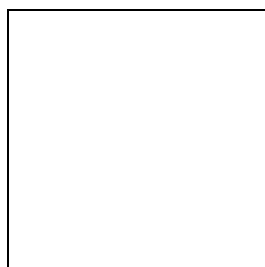
II. Handover Details of Clinical Waste

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

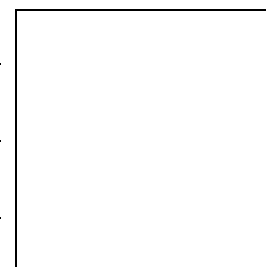
Signature : _____
 Full Name : _____
 Position : _____
 Title : _____
 Phone : _____
 Contact : _____



Medical
Organisation
Clinic Chop

To be completed by School staff

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



School Chop