

(On Vaccination Day)



**Department of Health  
Human Papillomavirus (HPV)  
Vaccination Catch-up Programme**



To: Vaccination Team

Date: \_\_\_\_\_

**List of Students Withheld Human Papillomavirus (HPV) Vaccination**

If the students are not able to have vaccination, please fill in the details and submit to the vaccination team **before the start of activity** on the vaccination day.

(If applicable) Class	(If applicable) Class No.	Name of Student	Students with consent for vaccination BUT withhold vaccination today because of (Please put a “✓” to the appropriate box):			Remarks
			Absence	Physical discomfort	Other reasons (pl. specify)	