

# Enrolment Form

## Human Papillomavirus (HPV) Vaccination Catch-up Programme – Secondary School

Please **complete and return the Enrolment Form** to the Programme Management and Vaccination Division of the Centre for Health Protection by email to **hpvp@dh.gov.hk on or before 22 November 2024.**

### **Part I. Preference of Outreach Activities**

Please put “√” into the appropriate box(es).

**Which vaccination arrangement does your school prefer?**

- School Self-selection of Doctors (Please proceed to **Part II and III, sign below and return this form.**)
- DH-matching (Please proceed to **Part II, sign below and return this form.** DH will match a service doctor with the school.)
- HPV vaccination activity has already been arranged by the school earlier.

### **Part II. School Information**

Name of School :

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School Address :

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Estimated Number of Eligible Female Students from S5 and above or equivalent grades:

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For Boys' Schools only:  
Are there any female students studying in the school\*

Yes	No
Number of girls:	

Region of the School\*:

Hong Kong/ Kowloon/ New Territories East/ New Territories West
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Telephone Number:

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Email Address :

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Fax no. :

Signature of School Representative:

Name of School Representative:

Post title of School Representative:

Telephone Number:

Date :

<p>Signature of School Representative:</p> <p>Name of School Representative:</p> <p>Post title of School Representative:</p> <p>Telephone Number:</p> <p>Date :</p>	<p><b>School Chop :</b></p>
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\*Please circle the option as appropriate

**(Continued on next page)**

**Part III. Information of the Self-Selected Service Doctor**

Once your school has selected a service doctor and reached mutual agreement, please **provide information in Part A and B** and return to the Programme Management and Vaccination Division of the Centre for Health Protection by email to **hpvp@dh.gov.hk** **on or before 22 November 2024.**

**Name of School:** \_\_\_\_\_

**Part A- To be filled by school**

Our school **agrees** to join the Human Papillomavirus (HPV) Vaccination Catch-up Programme and has contacted the following doctor to provide free HPV vaccination service to students.

Name of doctor: \_\_\_\_\_

Name of medical organisation: \_\_\_\_\_

**Part B – To be filled by the service doctor**

I **agree** to provide outreach vaccination service to the above school under the School Self-selection of Doctors.

Signature of Enrolled Doctor :

\_\_\_\_\_

Contact person:

\_\_\_\_\_

Post title of Contact person:

\_\_\_\_\_

Telephone number of doctor/medical organisation:

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<b>Clinic/ Medical Organisation Chop :</b>
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**(End of Enrolment Form)**