

**Vaccination Activity at Non-Clinic Setting under Vaccination Subsidy Scheme (VSS)**  
**School Outreach (Extra Charge Allowed) Programme**  
**Vaccination Report (On Vaccination Day)**

Please check and fax or email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: **2713 9576** / Email Address: [cra\\_vs4@dh.gov.hk](mailto:cra_vs4@dh.gov.hk)) **within 7 days after completion of each vaccination activity.**

<b>A. Information of outreach vaccination visit and activity organiser</b>			
Name of Enrolled Doctor		Service Provider ID	
Name of Medical Organisation			
Name of School and School Code	(School Code:           )		
Type of Organiser	<input type="checkbox"/> Kindergarten / Child Care Centre	<input type="checkbox"/> Primary School	<input type="checkbox"/> Secondary School
Date of vaccination			
<b>B. Vaccine type</b> (Put a "✓" as appropriate)			
<input type="checkbox"/> Inactivated influenza vaccine (Injectable) (IIV)		<input type="checkbox"/> Live attenuated influenza vaccine (Nasal Spray) (LAIV)	
<input type="checkbox"/> Others, please specify: _____			
<b>C. Number of persons vaccinated</b>			
Number of students		Number of non-students	
Total no. of students in school		Total no. of staff in school	
Total no. of students consented for vaccination before vaccination day		Total no. of staff vaccinated*	IIV: _____ LAIV: _____ Others (please specify): _____
Total no. of students vaccinated *	IIV: _____ (2 <sup>nd</sup> Dose:   ) LAIV: _____ (2 <sup>nd</sup> Dose:   ) Others: (please specify): _____	Total no. of other persons vaccinated *	IIV: _____ (2 <sup>nd</sup> Dose:   ) LAIV: _____ (2 <sup>nd</sup> Dose:   ) Others (please specify): _____

\*Counting (i) actual no. of vaccinated persons on vaccination day (may vary from the no. of persons consented) and (ii) the no. of children, if any amongst all, aged under 9 and vaccinated with 2<sup>nd</sup> dose in this vaccination activity.

**Fill in by School**

**Fill in by Doctor**

**Fill in by Medical Organisation**

(Official Stamp)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Contact No. \_\_\_\_\_

Contact No. \_\_\_\_\_

Contact No. \_\_\_\_\_