



Residential Care Home Vaccination Programme

Reply Slip Objection to the Administration of Seasonal Influenza Vaccine or Pneumococcal Vaccine to a Resident of a Residential Care Home (RCH)¹ (Only applicable to residents who are unable to give consent)

Name of the RCH : _____

Name of the Resident : _____

I am the *parent/guardian/relative of the above-name resident and learnt that if above-named resident is assessed by a doctor as suitable for receiving the 2024/2025 Seasonal Influenza Vaccine and Pneumococcal Vaccine in the future. I **object to the administration of the below vaccine to the above-named resident:** *(Please select and tick appropriate option below)*

- 2024/2025 Seasonal Influenza Vaccine
- 15-valent Pneumococcal Conjugate Vaccine
- 23-valent Pneumococcal Polysaccharide Vaccine

I understand that not receiving vaccination will increase the risk of hospitalisation due to serious illness or even death should the resident get infected, and will pose threats to other residents, staff of the RCH and the overall operation of the RCH.

I understand that I have to return this Reply Slip within 14 days from the date of issue of the Notice. Otherwise, the visiting medical officers will administer the vaccines to the above-named resident as necessary and appropriate based on the resident's best interest.

Signature of the resident's parent/guardian /relative*: _____

Name of the resident's parent guardian/relative*: _____

Contact number: _____

Date: _____

* Delete whichever is inappropriate

¹ The parent/guardian/relative may return the Reply Slip to the RCH concerned by their normal means of communication (e.g. in person, SMS, mail, fax or e-mail etc.).