

Supplementary Form

2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme KG/CCC Outreach

Information of Selected Service Doctor

Once your school has selected a service doctor and reached mutual agreement, please complete this **supplementary form** and return to Programme Management and Vaccination Division, Emergency Response and Programme Management Branch of the Centre for Health Protection **by fax or email (Fax Number: 2320 8505/ Email Address: sivop@dh.gov.hk) on or before 15 July 2024.**

Name of School: _____

Part I - To be filled by school

Our school **agrees** to join the 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme and has contacted the following doctor/medical organisation to provide free influenza vaccination to students.

Name of doctor: _____

Name of medical organisation: _____

Our school and the service doctor mutually agree to use the following **type of vaccine**:

- Injectable type (inactivated seasonal influenza vaccines)
- Nasal spray type (live attenuated seasonal influenza vaccines)

Part II – To be filled by the service doctor

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

Signature of Enrolled Doctor :

Contact person: _____

Rank of Contact person: _____

Telephone number of
doctor/medical organisation: _____

**Clinic/ Medical
Organisation Chop :**

To be submitted by school representative after completing Part I and Part II

Signature of School Representative :

Name of School Representative _____

Rank of School Representative: _____

Telephone Number: _____

Date: _____

School Chop: