

# Supplementary Form

## 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme Secondary School 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: \_\_\_\_\_

### 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:**