

**Seasonal Influenza Vaccination/ Pneumococcal Vaccination
under Vaccination Subsidy Scheme**

CLINICAL INCIDENT INVESTIGATION REPORT

Clinical Incident Investigation Report

(To be completed by VSS Doctor)

Points to note: - Report should be made within 1 week upon discovery of incident

To: VSS Office, PMVD, CHP

Fax: 2713 9576

Email: vacs@dh.gov.hk

Case Number (assigned by VSS Office) _____

I. Brief Facts						
Name of VSS Clinic involved: _____						
Date of discovery (dd/mm/yyyy): _____				Time (24 hr format): _____		
Date of occurrence (dd/mm/yyyy): _____				Time (24 hr format): _____		
Place of occurrence : <input type="checkbox"/> At the VSS clinic <input type="checkbox"/> Others, please specify _____						
Stage of care when incident occur <input type="checkbox"/> Pre-vaccination <input type="checkbox"/> During vaccination <input type="checkbox"/> Post vaccination						
Number of vaccine recipient(s) affected: _____						
Demographics of clients affected:						
Person (1, 2, 3...)	Gender (M/F)	Age	Type of harm/ injury	Level of injury as per initial assessment by medical team (M, 1, 2, 3)	Consequence (e.g. referred to AED/ other specialties/ repeat or additional procedure and investigation, etc.)	Name and lot number of vaccine involved
Summary of the incident: (including what happened/ how it happened)						

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Actions taken for this incident:

Remedial measures to prevent future similar occurrences:

Other recommendations and comments:
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II. Reporter's Information

Name (in Full): Dr _____
Phone: _____
Email: _____
Date (dd/mm/yyyy): _____