



Dear Parents/Guardians,

8<sup>th</sup> October, 2020

**Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliovirus Vaccination for P.1 and P.6 Pupils 2020/21**

A school immunization team from the Department of Health will come to school on 11<sup>th</sup> November, 2020 (Wednesday) to provide diphtheria, tetanus, acellular pertussis & inactivated poliovirus vaccine for P.1 students and diphtheria, tetanus, acellular pertussis (reduced dose) & inactivated poliovirus vaccine for P.6 students. Details are as follows:

Date	11 <sup>th</sup> November (Wednesday)	
Venue	School Hall	
	P.1	P.6
	Diphtheria, tetanus, acellular pertussis & inactivated poliovirus vaccine (DTaP-IPV)	Diphtheria, tetanus, acellular pertussis (reduced dose) & inactivated poliovirus vaccine (dTAp-IPV)
Remarks:	<ol style="list-style-type: none"> <li>1. The school will keep the immunization card until your child receives all the vaccines over the school years.</li> <li>2. Please wear P.E. uniform and have breakfast on the vaccination day.</li> <li>3. If the student is sick or absent on the vaccination day, it will be arranged for him/her to receive vaccines in the vaccination office.</li> <li>4. The staff from the Department of Health will check your child's record of Bacille Calmette-Guerin (BCG) Vaccine. Those students who are under 15 years old and have not yet received any BCG vaccine will be arranged to have appointments in chest clinics.</li> </ol>	

Please read the notes and complete the consent or refusal form. Please submit the signed form and the immunization record (the injection card) to your class teacher on or before 16<sup>th</sup> October, 2020 (Friday).

If you have any enquiries, please contact Miss. Lam Wing Yu.

Yours faithfully,  
Mr. Chan Chun Wah  
Principal

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Reply Slip (20-019E)

Dear Principal,

I have read the “**Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliovirus Vaccination for P.1 and P.6 Pupils 2020/21**” circular.

Class ( ) Student's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Phone No. : \_\_\_\_\_

Date: \_\_\_\_\_