



Dear Parents/Guardians,

4th September, 2023

2023-24 Primary 1 and 6 Students Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliovirus Vaccination

The School Child Immunisation Team under the Centre for Health Protection of the Department of Health will come to school on the morning of Tuesday, 24th October, 2023 to provide vaccinations for Primary One students with Diphtheria, Tetanus, Acellular Pertussis and Inactivated Polio vaccine and Primary Six students with Diphtheria, Tetanus, Acellular pertussis (lowered dose) and inactivated polio mixed vaccine. Details are as follows:

Date	24 th October, 2023 (Tuesday)	
Venue	School Hall	
	Primary 1	Primary 6
	Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliovirus Vaccination (DTaP-IPV)	Diphtheria, Tetanus, Acellular Pertussis (lowered dose) & Inactivated Poliovirus Vaccination (dTap-IPV)
Remarks	<ol style="list-style-type: none"> To facilitate the next vaccination, the school will temporarily store the vaccination record of your child, and will not send the vaccination record back to the student for the next vaccination. Children who cannot be vaccinated at school due to illness/absence on the day of vaccination will be referred to the Office of the School Child Immunization Team for vaccination. The staff of the Department of Health will also check the student's BCG vaccination records. If the student is found to be under the age of 15 and has never received BCG vaccination, the student will be referred to the Department of Health's Chest Clinic for follow-up. 	

Parents are requested to read and fill in the "Consent or Disagree Form" and return it to the class teacher along with the immunization record (vaccination record) of your child on or before Friday, 8th September, 2023.

For enquires, please contact Ms. Chan Hoi Ling.

Yours faithfully,
Mr. Chan Chun Wah
Principal

Reply Slip

(23-006E)

Dear Principal,

I have read and understood the circular “**2023-24 Primary 1 and 6 Students Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliovirus Vaccination**”.

Class () Student’s Name : _____

Parent's/Guardian's Signature : _____

Date : _____

Note: Class teachers please keep it in file after receiving the circulars