

Dear Parents / Guardians,

**Combined Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine (dTap-IPV) for Primary 6 Students**

The School Immunisation Teams, Centre for Health Protection of the Department of Health will visit our school on \_\_\_\_\_ (DD/MM/YY) to offer Combined Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine (dTap-IPV) to **primary 6** students.

The Department of Health has advised that:

- (1) All primary 6 students should receive this vaccine (booster dose) again even if they had received booster doses of this vaccine, or combined vaccines containing diphtheria and tetanus components as well as poliovirus vaccine at primary 1 at school or from private clinics. However, **if student has received such booster(s) at or after 10 years of age, he / she would not be required to receive this vaccination again.**
- (2) Please consult your family doctor concerning your child's health and the immunisation if you have any queries.

Please read the attached information carefully. For enquiries, please contact the School Immunisation Teams at 2615 8585 or 2615 8563 during office hours (Monday to Friday 9am – 1pm, 2pm – 5:30pm, Saturdays, Sundays and Public Holidays closed).

Please fill in **one of the reply slips below** (either the consent form or refusal form) and return it to school together **with all the immunisation records (original copy) of the student.**

Yours sincerely,

\_\_\_\_\_  
( Headmaster / Headmistress )

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

**【 Refusal Form 】**



**Combined Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine (dTap-IPV)**

- I have read and understood the attached **Information on dTap-IPV.**
  - I  **do not agree** to the student receiving the **dTap-IPV** as arranged by the Department of Health.
- The reason(s) is / are that the student :  
( please put a '✓' against the appropriate  )
- has **already received the booster dose of this vaccine** or its components **at or after 10 years of age.**
  - Date of vaccination : \_\_\_\_\_ (DD/MM/YY)
  - will receive the vaccine from **private physician.**
  - has history of **serious adverse reaction(s)** \_\_\_\_\_
  - has **health reason(s)** \_\_\_\_\_
  - has **other reason(s)** \_\_\_\_\_

\* I agree to let the school provide my own and my child's personal data to the Department of Health and use in accordance with the Statement of Purposes.

Class : \_\_\_\_\_ Class no :

School : \_\_\_\_\_

Student's Full Name : \_\_\_\_\_ Gender : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD/MM/YY)

Signature of Parent / Guardian : \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_

Tel. Home : \_\_\_\_\_ Office : \_\_\_\_\_

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

*Please return this reply slip to school together with all the immunisation records (original copy) of the student.*

**【 Consent Form 】**



**Combined Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine (dTap-IPV)**

- I have read and understood the attached **Information on dTap-IPV.**
- I  **agree** to the student receiving the **dTap-IPV** as arranged by the Department of Health.
- Please put a '✓' against the appropriate .
- I submit immunisation records of the student for checking.
- I **cannot** submit any immunisation records of the student but **still agree to the student receiving the vaccine.**

\* I agree to let the school provide my own and my child's personal data to the Department of Health and use in accordance with the Statement of Purposes.

Class : \_\_\_\_\_ Class no :

School : \_\_\_\_\_

Student's Full Name : \_\_\_\_\_

Gender : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ( DD / MM / YY )

Tel. Home : \_\_\_\_\_ Office : \_\_\_\_\_

Mobile : \_\_\_\_\_

*Please return this reply slip to school together with all the immunisation records (original copy) of the student.*

Signature of Parent / Guardian : \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_

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