

**Vaccination Subsidy Scheme (VSS) School Outreach
Participant Data Collection Form
(Schools should complete this form after a VSS School Outreach each time)**

To: _____ District School Development Section / Joint Office for Kindergartens and Child Care Centres
[Fax no. : _____]

In accordance with the letter issued by the Education Bureau (EDB) on 24 January 2022, we certify that we have completed the VSS School Outreach (i.e. doctors providing on-campus school outreach vaccination service), the details are as follows

Date and time of vaccination	(Year)	(Month)	(Day)	AM/PM/Whole day*
Responsible Doctor's name				
Number of vaccinated students (a)				
Number of vaccinated teachers or school staff (b)				
Number of vaccinated parents/guardians (c)				
Total number of vaccinated individuals (a)+(b)+(c)				

School Name:	School Chop
Name of Supervisor / Principal (in BLOCK letters):	
Signature of Supervisor / Principal:	
Date:	
Fax No.:	

* Please delete as appropriate