

ISLAMIC PRIMARY SCHOOL
NOTICE
COVID-19 Vaccination Arrangement

E/IC/SC/22/42
13th September 2022

To enhance the protection of our students. Our school has made an appointment with the New Town Medical Center Clinic to provide the **Sinovac** vaccination.

Details for on-campus vaccinations are as follows:

Date of vaccination:	October 3, 2022 (Monday)	
For:	Unvaccinated, first or second vaccine eligible students and family members	
Place:	School hall	
Fee:	Free	
Classes and Inoculation time	P.1 to P.3 students and their family members 2:15pm	P.4 to P.6 students and their family members 3:15pm

If parents wish to arrange for their children or family members to be vaccinated at school (**Sinovac**), please sign and **return this notice to the class teacher on or before 19th September**. The class teacher will then give parents to sign the consent forms and health questionnaires.

Remark:

Students must be accompanied by an adult, and all family members who are 6 months old or above can also be vaccinated together, **but you must bring **the original of Identity documents of all recipients, student handbook or student ID card with photo, consent forms and the health questionnaires.**

** Identity documents include HK ID card, HK Birth Certificate, HKSAR Re-entry Permit, HKSAR Document of Identity for Visa Purposes, Permit to Remain in HKSAR (ID 235B), Non-HK Travel Document (e.g. VISA Reference Number Label with Foreign Passports or Two-way Permit), Passport with valid permission VISA.

Yours sincerely,



Ko Tak Yin
Headmistress

Reply Slip
COVID-19 Vaccination Arrangement

Dear Headmistress:

I have read and understood the content of the above notice, and: (please “✓” as appropriate)

1. Would like my child to be vaccinated by Sinovac. (Please answer Q.6)
 Do not want my child to be vaccinated by Sinovac. (Please answer Q.2)
2. Do not want my child to be vaccinated by Sinovac since my child has received a COVID-19 vaccination. (Please answer Q.3)
 Do not want my child to be vaccinated by Sinovac. (Please answer Q.5)
3. My child has received Sinovac. (Please answer Q.4)
 My child has received BioNTech. (Please answer Q.4)
4. I * will submit / have already submitted the updated vaccination record to the class teacher (* Please delete as appropriate and answer Q. 5)
5. My child * was / was not diagnosed COVID-19 before. (* Please delete as appropriate)
6. Number of recipients for Sinovac vaccine including students on 3rd October is _____.
(vaccinated persons must be over 6 months old on that day). If there is 1 member, please fill in 1. The class teacher will give you the consent forms and health questionnaires.

Parent's Signature: _____

Parent Name: _____

Contact number: _____

Student name: _____ Class: _____

Class no.: _____ Date: _____