



中華基督教會桂華山中學
THE CHURCH OF CHRIST IN CHINA KWEI WAH SHAN COLLEGE

地址 ADDRESS : 香港北角雲景道62號 62, Cloud View Road, North Point, Hong Kong 電話 TEL : 2571 1285
傳真 FAX : 2807 0085 網頁 WEB : www.ccckws.edu.hk 電郵 EMAIL : mail@ccckws.edu.hk

**An Overview of COVID – 19 Vaccination of Students
(as of 13/7/2021)
Special Notice (2020/2021) No.17
(S.1 ~ S.5)**

14th July, 2021

Dear Parent/Guardian,

Please be informed of the following:

With reference to the letter issued by the Education Bureau on 09/07/2021 (Friday), all schools are invited to provide relevant information concerning the vaccination of students aged 12 or above anonymously. Parents or guardians please fill in the attached reply slip on or before 21/07/2021 (Wednesday).

Remarks: Students' disclosure of related information is entirely on a voluntary basis and the information collected will only be used for the aforementioned purpose.

Should you have any further enquiries, please contact the School General Office at 2571 1285 during office hours.

Yours faithfully,

Mr. Wong Chung Leung
Principal



Remarks: Please sign the reply slip on or before 21/07/2021 (Wednesday).



中華基督教會桂華山中學
THE CHURCH OF CHRIST IN CHINA KWEI WAH SHAN COLLEGE

地址 ADDRESS : 香港北角雲景道62號 62, Cloud View Road, North Point, Hong Kong 電話 TEL : 2571 1285
傳真 FAX : 2807 0085 網頁 WEB : www.ccckws.edu.hk 電郵 EMAIL : mail@ccckws.edu.hk

REPLY SLIP

Date: _____

To whom it may concern,

I acknowledge the matters stated in Special Notice (2020/2021) No. 17 and my child

- has received the 1st dose and 2nd dose (regardless of whether the 2nd dose has been received for more than 14 days or not) of the COVID -19 vaccine.
- has received the 1st dose of COVID -19 vaccine and is waiting for the 2nd dose of COVID – 19 vaccine; or is making an appointment to receive the 1st dose of COVID - 19 vaccine.
- has indicated intention and planned to receive 2 doses of COVID – 19 vaccine on or before 31st August 2021.
- does not plan to receive COVID - 19 vaccine.
- has declared medically* not suitable to receive COVID - 19 vaccine.

*Remarks: students have need to prepare medical certificates. Please refer to

https://www.coronavirus.gov.hk/eng/cap599FG_forms.html for the template of a medical certificate.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Name of Student: _____ Class: _____ No: _____