



## School Health Program - Immunization Consent Form for Grade 8

Student's name (as per passport).....

In line with the important role of taking vaccines as a strong public health preventive approach against certain set of infectious diseases and certain type of cancer, the School Health Program in Ministry of Health & Prevention is currently offering the cervical cancer vaccine to prevent girls from it.

The vaccine will be given in term of two essential doses:

- First dose in **grade 8**
- Second dose after **6 – 12 months** from the first dose

Grade	Administration route	Vaccine
Grade 8	Injection	Cervical Cancer Vaccine

- If the student age 15 years or more, then **three** doses will be required according to following schedule:

3 doses of HPV vaccine will be given with distant in months from 1 <sup>st</sup> dose	0, 2, 6 months
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**Do you agree that your daughter can take two vaccine doses in case she is below 15 years old otherwise if she is above 15 years age, three doses will be required?**

Yes, I do agree

No, I do not agree

**If you ticked (✓) no, please select from below the reason for your refusal:**

My daughter has been vaccinated already with two doses of the above mentioned vaccine (Please send an official prove for that)

My daughter has a previous history of allergic reaction against **yeast** which prevents her from taking the vaccination  
(Please send to the school nurse an AUTHENTICATED report documenting that incident of allergy)

Other reason not related to any medical cause please specify.....

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**\* Important Note :**

In case of refusal please provide us with authenticated report to understand the prohibiting medical condition for refusal as only those with certain medical causes (specified by a doctor) will only be exempted from taking the vaccine.

Parent's / Guardian's Name:	
Mobile phone no:	
Signature:	
Date (dd/mm/yyyy)	

If you required more information, please contact the school health nurse