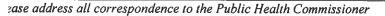
NISTRY OF HEALTH JBLIC HEALTH AUTHORITY

S DETAILS

O. Box 52, Victoria Hospital, Mahé, Republic of Seychelles ychelles Telephone: 4388000, Fax: 4224792





NT FORM FOR HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

of the Ministry of Health's School Based Vaccination Program, all girls in Primary Six are being offered free HPV ion. This forms part of the National Immunisation Program. HPV vaccination is recommended if your child has not received this vaccine.

free to choose whether you wish for your child to receive the HPV vaccination or not.

and the attached leaflet and ask your health service provider any questions you may have before making a decision.

of a parent/legal guardian is needed before any child can be vaccinated. If you agree for your child to be vaccinated, a f three doses of HPV vaccines will be administered by the school health team over a 6 months period.

Il in the form below and indicate if you AGREE or DO NOT AGREE for your child to receive the HPV Vaccine and e signed consent form to your child's school. ccination consent for dose1, 2 and 3

Given Names

iic.		Given Names.
f birth:		Address:
;		Class:
s/Legal Guardian full name:		· · · · · · · · · · · · · · · · · · ·
one numbers:		
ur child ever had the following:		
reactions following vaccination TNo	† Yes	
allergies following vaccination TNo	† Yes	*
please describe	***************************************	
f child's last menstrual period (if applicat NT FOR VACCINATION (for parent/legal p	ole)	
read and understood the information on of HPV vaccine.	the HPV vaccina	tion. I understand that I am giving consent for my child to receive three
by CONSENT for my child to receive the H	uman Papilloma	virus Vaccines
ure		Date
DO NOT CONSENT for my child to receive	the Human Pap	illomavirus Vaccine
ure		Date
return signed, completed form to the school (even if you do not agree for your child to be vaccinated)		