



## ہم کو دیکھو دیکھو

[illegible]

عَلَيْكَ يَحْيَىٰ مَهْمَا تَقَرَّرَ دَعَاكَ دَخَلَهُ دَعَاكَ

عَلَيْهِ يَتَّقِي عَنَّا

- [illegible]

عَلَيْهِ يَشْفِيهِ ذُرِّ عُنُقِيهِ

[illegible]

۱. اَللّٰهُمَّ صَلِّ عَلَى مُحَمَّدٍ وَعَلَى آلِ مُحَمَّدٍ وَسَلِّمْ  
سُبْحَانَكَ يَا مَنْ لَا يَمُوتُ وَلَا يَنَامُ وَلَا يَسْخَرُ مِنْ عِبَادِهِ

عَلَيْهِ يَشْفِيهِ جَدُّهُ شَيْخُ ٢٥

- سُبْحَانَكَ اللَّهُمَّ رَبَّ السَّمَاوَاتِ السَّبْعِ وَرَبُّ الْعَرْشِ الْكَرِيِّمِ

١. سَبَّحَ لِلَّهِ الْمَجْدُ الْعَظِيمُ الْعَبْدُ الْمَهْمُومُ، قُدُّوسٌ عَزِيزٌ يَدُوعِيبُ لِحُجَّتِهِ دُكُنْ  
 الْمَعْمُومَاتِ بِدُكُنْ، ٢. لِلَّهِ الْمَجْدُ الْعَظِيمُ يَعْنِي سَبَّحَ اللَّهُ مَا سَبَّحَ يَكُنْ، ٣. اللَّهُ ٢. يَكُنْ مَدَامْ،  
 تَعْمَلُ نَحْ نُحْمَدُ، اللَّهُ نَحْ يَدُ حَقِيقَةٍ.

**دُجِب یَمْکِفَ تَفَدِ**

١. تَهْنِئَةُ كُجْفٍ مَذْمُومَةٍ دُونَ مَعْدِيَّتِهِمْ.  
مَكِيلٌ دُونَ وَفْدٍ لَيْسَ بِهِمْ لِيُقَاتِلَ فِي سَبِيلِهِ.  
عَدُوٌّ دُونَ وَفْدٍ مَعْدِيَّتِهِ دُونَ مَا يَحْدُدُهُ.

فَلَمْ يَجِدْ فِيهَا شَيْئًا

2. تَهْمُكَ كُفْرًا، مَلِيسَمُ، كَيْفَ مَدْعَمُهُ دِيْعَةً.

کتابخانه

مجلسه، ۱۵ آذر ۱۳۹۲، شماره ۵۸، بهار ۱۳۹۳، فصل ۱۲، شماره ۱۲۲.

**o2**

[illegible]

للمزيد من المعلومات، يرجى الاتصال بـ: [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au)

1 Treasury Place Melbourne  
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**پہلے دیکھتے کہ کون سے کام سب سے زیادہ**

[illegible]

- [illegible]

بِمِ تَدَدِ بَيْتِكَ دِهْمَتُكُمْ، مَعْدُومٍ، جِدْوَتِ دِهْمَتُكُمْ شَا كَرِ تِهْدَتِ بِي 15 دُصْبَتِ.

فِيهِ دُجَّةٌ وَوَدَّعُ

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

[immunehero.health.vic.gov.au](https://immunehero.health.vic.gov.au)

[illegible]

## فقدان دھندلگاہ، دھندلگاہ دھندلگاہ (Varicella)

**عَبْدُ اللَّهِ هَمَّ سَيْتُهُ تَنْ يَفْعِلْ دَلَّهُ جَعَلَ دِ7 دِيْمِدِيْعَهٗ يُكْنَى**

٢. تَهْمُ كُجَفْ، هِزِصَمْ، كَهْ مُهْدِجَمْ ٢٨.

مَلِيصَم، كُنْ وَفُذْ زَيْفِ دِهْلَمُكُ دَر قَلْبِ مَهْجَبِ.

هَذِهِ، كَيْ وَهَذِهِ مَجْدِيذِهِ، كَيْ مَا مَجْدِيذِي.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

مَعْنَى دَوْدَ: دَاوُدُ. مَعْنَى لَدُنْ: دِيْنُ. دَعَا: دَعَا.

يَعْلَمُ دَيْمًا مَا فِي قُلُوبِهِمْ : يَعْلَمُ كُلَّ شَيْءٍ وَهُوَ غَافِلٌ لِمَا يَفْعَلُونَ .

بُذِرَ دَجَسٌ:

دَعَا، دَعَا، دَعَا: / / هَبْهُمَا دَعَا، دَعَا: / / دَعَا، دَعَا، دَعَا: / /

مَدِينَةُ

بَلِّغْهُ لَأَن يُذَكِّرَ ۖ أَفَلَا يَتَذَكَّرُ ؟ (٢٠) تَهْتَفُكُمُ جَمْعٌ ۖ ذُكِّرَ دَجْعٌ )

☐ كَلْبٌ ☐ كَلْبٌ ☐ كَلْبٌ ☐ كَلْبٌ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

يَعْلَمُ دَيْمَسْمَهُمْ ۚ

**2 بقصد:**

مَعْنَى دِيْلِيُوْهُ تَهْمَةُ: مَعْنَى:

نېټه: / مېنځنی کچه: ددغه په نومونو د هره شپه دیکمېفر، بېک په نومونو دیکمې دېټه ته خپله.

[illegible]

□، نِسْبَةُ يَسْتَكُونُ مَعَهُ دَعَمُ نَفْسِهِ دَعْبَةً قِيَمَ مَعْنَى (يُرَى تَعْمَلُ كَعَمَلِهِ دَعَمُ نَفْسِهِ دَعْبَةً)

نَسِيبُ زَيْدٍ هَهُنَا دَنَسُ خَسٍّ مَصْعَكُمُ هَئِلَ دِيْعُكَ دَعْبُكَ خَلِكُ قَزَعٍ مَهْمُ عَضَبٍ.

يَعْلَمُ دَلِيلًا ۚ وَمِنْهُمْ مَنِ اعْتَدَىٰ عَلَىٰ نَفْسِهِ ۚ وَمَنْ يَعْصِ أَمْرًا ظَاهِرًا فَعَسَىٰ أَمْرًا كَبِيرًا ۝

دُعَاةُ دِيَارِهَا \ مَبْدُؤُهَا:

مبعض : \ \

[illegible][illegible]

مَجْ تَدَدْ صَدَّاسْ دُجْمَدِئِمْدُ دُجَبَكْئَهْ سَمِجَلْئَهْ صَدَّابْ، نَسَبْ لِيْ سَفْ مَسْمِيْئَهْ دِيْغَلْ قَلْبْ مَحْمِيْئَهْ حَكْمْئَهْ دُجَلْسَمْ دُجَبْئَهْ حَلْبْئَهْ.

دَعَا دِيَّانًا \ مَبْدَأًا:

مبہوتی :

[illegible][illegible][illegible]

هَلْ مَعَكُمْ شَيْءٌ مِّنْ جِبَالٍ تُسَبِّحُ:

[illegible]

# Chickenpox (Varicella) vaccine

Recommended for children in Year 7 of secondary school

Please read the information.

Complete the form **even if the vaccine is not to be given.**

Detach the form and return it to school.

- **Does your child need the chickenpox vaccine?** See below for more information.
- Local council will be visiting school soon for this vaccine program.
- Free vaccine is available this year at school, the doctor or a local council immunisation service.
- Read the pre-immunisation checklist and discuss any health concern with your immunisation provider before your child is vaccinated.
- Your child may need more than one injection for different diseases on the same day. This will not increase the chance of your child having a vaccine reaction.
- You must return the consent form to school even if your child is not being vaccinated as this helps in the provision of improved health services.

## Does your child need the chickenpox vaccine?

**My child has had chickenpox infection, what should I do?**

If you are sure that your child has had chickenpox infection, then the vaccine is not needed. However the vaccine can be safely given to children who have had chickenpox infection.

**I am not sure my child has had chickenpox infection, what should I do?**

Your child should be vaccinated.

**My child has had one chickenpox vaccine, should a second vaccine be given now?**

Yes, two doses of chickenpox vaccine provide increased protection and reduce the risk of chickenpox occurring at a later time.

**My child has had one chickenpox vaccine and chickenpox infection, what should I do?**

If you are sure that your child has had chickenpox infection, then the vaccine is not needed. However the vaccine can be safely given to children who have had chickenpox infection.

## Chickenpox disease

Chickenpox is a highly contagious infection caused by the varicella zoster virus. Chickenpox is spread through coughs and sneezes and through direct contact with the fluid in the blisters of the rash.

It is usually a mild disease of short duration in healthy children; sometimes chickenpox will develop into a more severe illness such as bacterial skin infections resulting in scarring, pneumonia or inflammation of the brain. Adults who contract chickenpox generally experience more severe symptoms. Chickenpox may also be a risk to an unborn baby if contracted during pregnancy. Chickenpox can cause serious illness and even death in all ages.

The incubation period for chickenpox is 10 to 21 days, followed by the appearance of a rash of red spots initially, then becoming blisters within hours. The spots usually appear on the trunk, face and other parts of the body. Most people infected with chickenpox have a fever and feel unwell and may experience severe itching.

Anyone who has never had chickenpox before can catch it. Prior to the vaccine program, about 75 per cent of people caught chickenpox before 12 years of age.

Translating and  
interpreting service  
Call 131 450



**IMMUNISE**  
AUSTRALIA PROGRAM  
An Australian, State and Territory  
Governments initiative

## Chickenpox vaccine

The chickenpox vaccine contains modified live virus at a reduced strength and a small amount of the antibiotic, neomycin.

## Possible side effects of chickenpox vaccine

### Common side effects

- Fever
- Pain, redness and swelling at the injection site
- A temporary small lump at the injection site
- Fainting may occur up to 30 minutes after any vaccination.

If mild reactions occur, the side effects can be reduced by:

- drinking extra fluids and not over-dressing if the person has a fever
- placing a cold wet cloth on the sore injection site
- taking paracetamol to reduce discomfort.

### Uncommon side effects

About two to five chickenpox-like spots may occur usually at the injection site and sometimes on other parts of the body between five and 26 days after vaccination and last for less than one week.

If this occurs the person should avoid direct contact with people with low immunity until the spots dry out.

### Extremely rare side effect

- A severe allergic reaction

In the event of a severe allergic reaction, immediate

medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

## Pre-immunisation checklist

Before your child is immunised, tell the doctor or nurse if any of the following apply.

- Has had a vaccine containing live viruses within the last month (such as MMR, chickenpox or BCG)
- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has any severe allergies
- Has had a severe reaction following any vaccine
- Has a disease or is having treatment which causes low immunity (for example HIV/AIDS, leukaemia, cancer, radiotherapy or chemotherapy)
- Is taking steroids of any sort other than inhaled asthma sprays or steroid creams (for example cortisone or prednisone)
- Is pregnant
- Has received immunoglobulin or a blood transfusion in the last three months or intravenous immunoglobulin in the last nine months.

After vaccination wait at the place of vaccination a minimum of 15 minutes.

## Further information

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

[immunehero.health.vic.gov.au](http://immunehero.health.vic.gov.au)

## How to complete the form

Please read the information.

Complete the form **even if the vaccine is not to be given**.

Detach the form and return it to school.

### For all children

Please complete with the details of the child.

### Then

Complete this section if you wish to have your child vaccinated.

### Or

Complete this section if you do not wish to have your child vaccinated.

To receive this document in an accessible format email: [immunisation@dhhs.vic.gov.au](mailto:immunisation@dhhs.vic.gov.au)

Authorised and published by the Victorian Government,  
1 Treasury Place, Melbourne.

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### Chickenpox (Varicella) vaccine consent form

Recommended for children in Year 7 of secondary school

Please read the information.

Complete the form **even if the vaccine is not to be given**.  
Detach the form and return it to school.

#### Student details

Medicare number 1234 98765 7 3 (Number beside child's name)

Surname: CITIZEN

First name: MARK

Residential address: 20 BLOCK STREET MELBOURNE

Postcode: 3000

Date of birth: 31 / 05 / 2004

Sex: ☐ Female ☒ Male

School: BLOCK HIGH SCHOOL

Homegroup: 7A

Is this person of Aboriginal or Torres Strait Islander origin? (please tick)

☒ No

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander

#### Parent/guardian contact details

Surname: CITIZEN

First name: SANDRA

Email: parentorguardian@internetprovider.com

Daytime phone number: 9123 4567

Mobile: 0404 123 456

#### Parent/guardian, please sign if you agree to your child receiving chickenpox vaccine at school.

I have read and understand the information given to me about vaccination, including the risks of disease and side effects of the vaccine. I understand that I am giving consent for a dose of chickenpox vaccine to be administered. I have been given the opportunity to discuss the vaccine with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

☐ YES, I CONSENT to chickenpox vaccination (please tick)

I am authorised to give consent for the above child to be vaccinated.

Name of parent or guardian (please print):

Parent/guardian signature:

Date: / /

#### OR if the vaccine is not to be given at school:

☒ No I do not consent to the chickenpox vaccination.

After reading the information provided, I do not wish to have my child vaccinated with chickenpox vaccine at this time.

Parent/guardian signature:

Date: / /

**Privacy statement:** The Year 7 Secondary School Vaccine Program is funded by the Australian and Victorian governments and delivered by local councils. Under the Public Health and Wellbeing Act 2008 local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district. Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the Privacy and Data Protection Act 2004 and the Health Records Act 2001.

Local councils report all adolescent vaccines given through school programs to the Australian School Vaccination Register (ASVR). Personal identifying details will be kept confidential. This will provide tools such as recall and reminder systems to improve adolescent vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the Australian Immunisation Register and the ASVR. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Year 7 Secondary School Vaccine Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child's immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child's GP to another treating health service or hospital or another local council. The local council may provide you with information related to the school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.

Office use only:

Date dose given:

Nurse initials:

# Chickenpox (Varicella) vaccine consent form

Recommended for children in Year 7 of secondary school

Please read the information.

Complete the form **even if the vaccine is not to be given**.

Detach the form and return it to school.

## Student details

Medicare number  (Number beside child's name)

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of birth: / / Sex: ☐ Female ☐ Male

School: \_\_\_\_\_ Homegroup: \_\_\_\_\_

Is this person of Aboriginal or Torres Strait Islander origin? (please tick)

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

## Parent/guardian contact details

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Parent/guardian, please sign if you agree to your child receiving chickenpox vaccine at school.

I have read and understand the information given to me about vaccination, including the risks of disease and side effects of the vaccine. I understand that I am giving consent for a dose of chickenpox vaccine to be administered. I have been given the opportunity to discuss the vaccine with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

☐ **YES, I CONSENT to chickenpox vaccination (please tick)**

I am authorised to give consent for the above child to be vaccinated.

Name of parent or guardian (please print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: / /

## OR if the vaccine is not to be given at school:

### No I do not consent to the chickenpox vaccination.

After reading the information provided, I do not wish to have my child vaccinated with chickenpox vaccine at this time.

Parent/guardian signature: \_\_\_\_\_ Date: / /

**Privacy statement.** The Year 7 Secondary School Vaccine Program is funded by the Australian and Victorian governments and delivered by local councils. Under the *Public Health and Wellbeing Act 2008*, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district. Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

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Office use only:

Date dose given: \_\_\_\_\_ Nurse initials: \_\_\_\_\_