

水痘疫苗

建議中學七年級兒童接種

請閱讀全部資訊。

即使不接種疫苗，也請填寫本表。

填完後裁下本表並將其交還學校。

- **您的孩子需要接種水痘疫苗嗎？** 請參閱以下更多資訊。
- 地方市政廳不久將就本疫苗接種計畫派員訪問學校。
- 本年度的免費疫苗可在學校、醫生或地方市政免疫接種服務處接種。
- 請在您的孩子接種疫苗前閱讀免疫接種前檢查清單，並與疫苗接種機構討論任何健康問題。
- 您的孩子可能需要在同一天因預防不同的疾病而接受超過一次的注射。這不會提高孩子出現疫苗反應的幾率。
- 請您務必將本同意表交還學校，即使您的孩子不接種疫苗，這樣做有助於以後為您提供更好的醫療服務。

您的孩子需要接種水痘疫苗嗎？

我的孩子已經感染過水痘，我該怎麼辦？

如果您確定您的孩子已經感染過水痘，則無需接種疫苗。然而，曾感染過水痘的兒童也可安全地接種本疫苗。

我不確定我的孩子是否感染過水痘，我該怎麼辦？

您的孩子應該接種本疫苗。

我的孩子已接種過一次水痘疫苗，需要接種第二次嗎？

需要，兩個劑量的水痘疫苗可提供更好的保護，降低日後患上水痘的風險。

我的孩子已接種過一次水痘疫苗同時也已感染過水痘，我該怎麼辦？

如果您確定您的孩子已經感染過水痘，則無需接種疫苗。然而，曾感染過水痘的兒童也可安全地接種本疫苗。

水痘

水痘是由水痘帶狀疱疹病毒引起的高傳染性疾病。水痘通過咳嗽、噴嚏和直接接觸皮疹水疱內的液體傳播。

對健康兒童而言，通常感染水痘的症狀較輕、病程短，但有時也會發展成較嚴重的疾病，如皮膚細菌感染，導致疤痕、肺炎或腦炎。成年人感染水痘症狀一般較嚴重。如果孕期感染上水痘，那麼對胎兒也可能造成危險。各年齡段的人患水痘後都可能引起嚴重的疾病甚至死亡。

水痘的潛伏期是10-21天，最初出現紅色斑疹，然後在幾小時內變成水疱。斑疹通常出現在軀幹、面部和身體其他部位。大多數人感染水痘後，會出現發燒、不適，還可能伴有嚴重的瘙癢。

從未出過水痘的人都可能染上水痘。在實施免疫接種計畫以前，大約75%的人在12歲以前都患過水痘。

筆譯及口譯服務
請撥打131 450



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水痘疫苗

水痘疫苗包含改良型降低毒性的活病毒和少量的抗生素-新黴素。

水痘疫苗可能產生的副作用

常見副作用

- 發燒
 - 注射部位疼痛、紅腫
 - 注射部位出現暫時性的小腫塊
 - 可能在接種疫苗後的30分鐘內出現眩暈
- 一旦出現輕度反應，可通過以下措施減輕副作用：
- 多飲用液體，如果發燒則不要穿太多衣服
 - 用冷濕布敷於疼痛的注射部位
 - 服用撲熱息痛（paracetamol）以減輕不適

不常見的副作用

在接種疫苗後的5至26天內，可能出現2至5個水痘樣斑疹，斑疹通常出現在注射部位，有時也會出現在身體其他部位，持續時間不超過一周。

如果出現上述情況，接種者應避免與免疫力低下的人直接接觸，直至斑疹變乾硬。

極為罕見的副作用

- 嚴重過敏反應

如若出現嚴重的過敏反應，應立即就醫。如果反應嚴重或者持久，或者擔心孩子的狀況，請聯絡醫生或醫院。

免疫接種前檢查清單

在您的孩子接種疫苗前，如有以下情況，請告知醫生或護士。

- 在過去的一個月內接種過包含活病毒的疫苗（例如麻疹、腮腺炎和風疹的聯合疫苗、水痘疫苗或者卡介苗）
- 接種疫苗當天身體不適（體溫超過38.5°C）
- 有嚴重過敏反應
- 接種其他疫苗後曾出現嚴重反應
- 患有可引起免疫力降低的疾病或在接受可引起免疫力降低的治療（例如愛滋病病毒/愛滋病、白血病、癌症、放療或化療）
- 正在服用某種類型的類固醇（如可的松或強的松），吸入式哮喘噴霧劑或類固醇軟膏除外
- 已懷孕
- 最近三個月內輸注過免疫球蛋白或有輸血史，或者最近九個月內有靜脈注射免疫球蛋白史。

接種疫苗後須在接種疫苗處觀察15分鐘。

更多資訊

www.betterhealth.vic.gov.au

immunehero.health.vic.gov.au

如何填寫本表

請閱讀全部資訊。

即使不接種疫苗，也請填寫本表。

填完後裁下本表並將其交還學校。

適用於所有兒童

請填寫兒童的個人資料

然後

如果您打算讓孩子接種疫苗，請填寫這一部分。

或者

如果您不打算讓孩子接種疫苗，請填寫這一部分。

若想獲得本印刷物的其他版式，請發電郵至：
immunisation@health.vic.gov.au

由維多利亞州政府授權及發行。地址：1 Treasury Place, Melbourne.
©衛生部，2016年7月（1607016）

水痘疫苗接種同意表

建議七年級兒童接種疫苗

請閱讀全部資訊。
即使不接種疫苗，也請填寫本表。
填完後裁下本表並將其交還學校。

學生個人資料	
Medicare號碼：	1 2 3 4 5 6 7 8 9 0 (孩子名字上的號碼)
姓：	CITIZEN 名：MARK
住址：	20 BLOCK STREET MELBOURNE
郵編：	3000 出生日期：18/10/2000 性別： <input checked="" type="checkbox"/> 女 <input type="checkbox"/> 男
學校：	BLOCK HIGH SCHOOL 家庭類別：7A
是否為原住民或托雷斯海峽島民後裔？（請打勾） <input checked="" type="checkbox"/> 否 <input type="checkbox"/> 原住民 <input type="checkbox"/> 托雷斯海峽島民 <input type="checkbox"/> 原住民和托雷斯海峽島民	
父母/監護人聯絡方式	
姓：	SMITH 名：SANDRA
電子郵件：	parentorguardian@internetprovider.com
日間電話號碼：	9123 4567 手機號碼：0404 123 456
父母/監護人：若您同意為您的孩子接種水痘疫苗，請簽名。	
我已閱讀並理解所提供的有關接種疫苗的資訊，包括疾病的風險以及疫苗的副作用。我明白我對接種一針劑量的水痘疫苗表示同意。我已獲得機會與疫苗接種機構討論接種疫苗的事宜。我明白我可以在接種疫苗之前隨時撤回同意。	
<input type="checkbox"/> 是，我同意孩子接種水痘疫苗（請打勾）	
本人獲得授權同意為上述孩子接種疫苗。	
父母或監護人姓名（請正楷書寫）：	
父母/監護人簽名：	日期： / /
或者如果您不是在學校接種疫苗：	
<input type="checkbox"/> 不，我不同意孩子接種水痘疫苗。	
閱讀以上資訊後，我這次不打算讓孩子接種水痘疫苗。	
父母/監護人簽名：	
日期： / /	
<small>隱私聲明：中學七年級疫苗項目由澳大利亞政府和維多利亞州政府資助，並由地方政府實行。根據2008年公共衛生法（Public Health and Wellbeing Act 2008），地方政府負責為在行政區內接受教育的兒童實施協調和提供接種疫苗的服務。根據2014年隱私與數據保護法（Privacy and Data Protection Act 2014）與2001年健康記錄法（Health Records Act 2001），地方政府應致力於保護個人資訊的隱私、保密和安全。</small>	
<small>地方政府會向澳大利亞學校疫苗接種登記署（Australian School Vaccination Register，簡稱ASVR）報告所有通過學校項目接種的青少年用疫苗。個人身份資料將會得到保密。這將提供諸如回德和提醒系統等工具，來提高青少年的疫苗接種率。這對於提高整體疫苗接種率是很重要的。接種者可以查閱其在澳大利亞疫苗接種登記署（Australian Immunisation Register）和澳大利亞學校疫苗接種登記署中的所有疫苗接種記錄。疫苗接種的綜合數據將會被用於多種目的，以監督、資助和改善中學七年級疫苗項目，並通過這些數據識別出任何個人。</small>	
<small>對您或您子女相關資訊的使用和披露將會出於與其疫苗接種直接相關之目的並以您合理預期的方式進行。這可能會包括向您的家庭醫生、您子女的家醫醫生以及其他健康醫療服務、醫院或其他地方政府傳送和交換相關資訊。地方政府可能通過短信或電子郵件為您提供與學校疫苗項目相關的資訊。您可以聯絡您子女上學所在的地方政府來查閱您子女的資料。</small>	
僅供機關填寫：	
接種疫苗日期：	護士簽名：

水痘疫苗接種同意表

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填完後裁下本表並將其交還學校。

學生個人資料

Medicare號碼：

(孩子名字邊上的號碼)

姓：名：

住址：

郵編：出生日期： / / 性別：

☐ 女

☐ 男

學校：家庭類別：

是否為原住民或托雷斯海峽島民後裔？（請打勾）

☐ 否 ☐ 原住民 ☐ 托雷斯海峽島民 ☐ 原住民和托雷斯海峽島民

父母/監護人聯絡方式

姓：名：

電子郵箱：

日間電話號碼：手機號碼：

父母/監護人，如若您同意為您的孩子在學校接種水痘疫苗，請簽名。

我已閱讀並理解所提供的有關接種疫苗的資訊，包括疾病的風險以及疫苗的副作用。我明白我對接種一針劑量的水痘疫苗表示同意。我已獲得機會與疫苗接種機構討論接種疫苗的事宜。我明白我可以在接種疫苗之前隨時撤銷同意。

☐ 是，我同意孩子接種水痘疫苗（請打勾）

本人獲得授權同意為上述孩子接種疫苗。

父母或監護人姓名（請正楷書寫）：

父母/監護人簽名：日期： / /

或者如若不是在學校接種疫苗：

不，我不同意孩子接種水痘疫苗。

閱讀以上資訊後，我這次不打算讓孩子接種水痘疫苗。

父母/監護人簽名：日期： / /

隱私聲明. 中學七年級疫苗項目由澳大利亞政府和維多利亞州政府出資，並由地方政府實行。根據2008年公共衛生法（Public Health and Wellbeing Act 2008），地方政府負責為在市行政區內接受教育的兒童實施協調和提供接種疫苗的服務。根據2014年隱私與數據保護法（Privacy and Data Protection Act 2014）與2001年健康記錄法（Health Records Act 2001），地方政府應致力於保護個人資訊的隱私、保密和安全。

地方政府會向澳大利亞學校疫苗接種登記署（Australian School Vaccination Register 簡稱ASVR）報告所有通過學校項目接種的青少年用疫苗。個人身份資料將會得到保密。這將提供諸如回憶和提醒系統等工具，來提高青少年的疫苗接種率。這對於提高整體疫苗接種率是很重要的。接種者可以查閱其在澳大利亞疫苗接種登記署（Australian Immunisation Register）和澳大利亞學校疫苗接種登記署中的所有疫苗接種記錄。疫苗接種的綜合數據將會披露給維多利亞州政府，以監督、資助和改善中學七年級疫苗項目。無法通過此資訊識別出任何個人。

對與您或您子女相關資訊的使用和披露將會出於與其疫苗接種直接相關之目的並以您合理預期的方式進行。這可能會包括向您的家庭醫生、您子女的家庭醫生以及其他健康醫療服務、醫院或其他地方政府傳送和交換相關資訊。地方政府可能通過短信或電子郵件為您提供與學校疫苗項目相關的資訊。您可以聯絡您子女上學所在地的地方政府來查閱您子女的資料。

僅供機關填寫：

接種疫苗日期：護士簽名：

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.

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interpreting service
Call 131 450



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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

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

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*.

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: _____