Assyrian

ܣܘܪܕܐ ܕܠܘܚܡܐ ܕܠܩܘܒܠ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ W (Meningococcal W) ܠܗ ܡܕܪܫܝܬܐ ܬܪܝܢܝܬܐ

1. ܩܪܘ، ܠܗ ܡܘܕܥܢܘܬܐ ܒܘܬ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ W.
2. ܡܠܘ، ܠܗ ܡܢܬܐ ܕܡܫܪܟܢܘܬܐ ܘܠܕܘܥܘ، ܠܗ ܕܪܫܬܐ ܝ، ܡܥܠܠܘܒܘ، ܕܢܘܒܠܗܘ، ܡܫܪܟܢܘܬܐ (ܗܐ).
3. ܡܫܕܪܘ، ܠܗ ܦܠܓܐ ܕܡܫܪܟܢܘܬܐ ܘܡܕܝܪܘ، ܠܗ ܗܿܘ ܡܕܪܫܬܐ ܐܦܠܐ، ܕܠܐ ܬܒܥܬܘ، ܕܡܥܠܠܘܒܘ، ܩܝܡ ܡܫܘܚܠܦܐ. ܡܩܘܡܘ، ܥܡ ܡܬܚܡܘܒܘ، ܬܒܥܬܐ ܗܿܘ ܒܘܬ ܙܘܕܐ ܡܘܕܥܢܘܬܐ.

ܡܘܕܥܢܘܬܐ ܒܘܬ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܕ W

ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܕ W

ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܦܫܬܐ ܝܠܗ ܝܪܝܐ ܒܥܒܕܢܐ. ܐܦܠܐ، ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܠܐ ܝܠܗ ܚܕ ܡܪܥܐ ܒܨܝܪܐ، ܐܝܢܐ ܗܘ ܩܢܐ ܕܗܘܐ ܪܒܐ ܡܢܢܐ ܒܚܠܝܠܘܬܐ. ܡܘܪܒܐ ܠ 10 ܡܘܬܐ ܕܐܢܫܐ ܐܢܚܠܘܘ، ܒܥܒܕܢܐ ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܠܗ ܒܠܦܠܩܫܘܗܝ، ܐܦܠܐ، ܕܐܢܝܢ ܠܐ ܡܢܐ ܡܪܥܝܐ. ܐܝܬ ܐܢܫܐ ܒܐ ܦܓܪܝ ܡܕܝܢ 'ܢܡܘܫܐ'. ܒܥܒܕܢܐ ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܒܐ ܦܓܪܝ ܡܘܚܕܐ ܡܢ ܚܕ ܦܪܨܘܦܐ ܗܿܘ ܚܕ ܦܪܨܘܦܐ ܐܚܪܢܐ ܒܚܘܡܕܐ ܕܐܘܪܚܐ ܘܣܠܘܚܐ ܘܦܬܓܡܐ ܘܢܘܫܩܬܐ ܒܡܬܒܩܐ ܕܗܿܘ ܚܕ ܡܬܡܫ ܚܕܒܕܐ. ܒܠܒܫܘܬܐ ܚܢܐ ܐܢܝܢ ܐܢܫܐ ܕܗܘܝ ܠܗ ܩܢܝܬܐ ܕܦܠܛܐ ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܡܢܐ ܘܡܬܦܣܩܢܘܬܐ ܕܦܪܣܝܠܗ ܡܪܥܐ ܠܐܢܫܐ ܐܚܪܢܐ ܒܘܬ ܠܘܒܕܐ ܡܢܗ.

ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܦܣܩܫܢܐ ܒܐ ܗܘܝܐ ܐܢܫܐ ܕܐܝܬ ܒܥܒܕܢܐ ܒܥܒܕ ܠܟܠܗ ܒܡܒܥܐ ܕܕܡܐ ܘܡܪܥܒ ܒ ܡܡܪܥܬܐ ܕܕܡܐ septicaemia (ܒܘܠܗܘܦܐ ܠܗ ܕܡܐ، ܐܦ ܦܫܬܐ ܡܕܒܚܢܐ ܒܝܠܐ 'bacteraemia' ܒ ܒܥܒܕܢܐ ܠܗ ܕܡܐ) ܒ meningitis ܕܒܝܠܗ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ (ܒܘܠܗܘܦܐ ܠܗ ܡܘܚܐ ܕܡܚܦܝܢܐ ܡܠܗ ܠܡܘܫܐ). ܐܝܬ ܡܬܦܣܩܢܘܬܐ ܕܡܘܬܐ ܠܗ 10 ܡܘܬܐ ܕܡܪܥܝܐ. ܡܕܒܩܐ ܠܗܘܐ ܒܘܠܗܘܦܐ ܡܢܢܐ ܐܦܢܐ ܒܐ ܗܘܝܐ ܠܗ ܡܝܠܐ، ܒ ܠܗ ܒܠܦܠܚܐ، ܒ ܠܗ ܕܐܬܐܘܬܐ ܒ ܠܗ ܡܚܝܢܐ.

ܐܬܐ ܐܝܬ ܡܘܬܒܐ ܦܪܝܫܐ ܕܒܥܒܕܢܐ ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܘܕܦܫܝܬܐ ܡܢܐ ܡܕܒܚܝܐ ܒܐܘܬܐ ܕܐܠܦܝܡܗ، ܦܣܩܬܐ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ A، B، C، W ܘ Y. ܒܐܝܟ ܝܡܐ ܐܣܪܝܐ، ܡܘܬܒܐ ܕ W ܒܘܬ ܘܒܕܐ ܡܠܗ ܠܗ ܒܠܗ ܐܚܪܐ ܕܐܘܣܬܪܠܝܐ. ܠܗ ܒܥܒܕܐܢܐ ܐܝܬ ܗܘܐ 48 ܡܪܥܝܐ ܒܫܢܬܐ 2016، ܡܘܕܡܝܐ ܥܡ 17 ܡܪܥܝܐ ܒܫܢܬܐ 2015 ܘ 4 ܡܪܥܝܐ ܒܫܢܬܐ 2014 ܘܡܢ ܡܪܥܐ ܒܫܢܬܐ 2013.

ܗܕܝܐ ܐܗܐ ܐܝܠܗ ܗܘ ܡܘܬܒܐ ܒܘܬ ܪܒܐ ܦܪܝܫܐ ܠܗ ܒܥܒܕܢܐ.

ܠܘܚܡܐ ܕܐܝܬ ܠܗܘ ܒܥܒܕܢܐ ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ W

ܠܘܚܡܐ ܕܐܝܬ ܠܗܘ ܒܥܒܕܢܐ ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ W ܐܝܠܗ ܚܕ ܠܘܚܡܐ ܕܐܪܒܥܐ ܒܥܒܕܝܐ ܣܒܝܠܐ ܒܝܣܕܪܐ (ܐܪܒܥܐ ܠܗ ܚܕ) ܒܒܝܬܐ ܠܝܫܢܐ ܐܢܬܐ ܡܢ ܐܪܒܥܐ ܡܘܬܒܐ ܕܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܘܕܒܢܐ A، C، W، Y. ܒܘܪܝܐ ܡܘܣܝܐ ܡܢܐ ܗܿܘ ܕܠܘܚܡܐ ܕܝܣܒܬܐ ܐܝܠܗ ܒܥܒܕܢܐ A، C، W، Y ܒܐ ܦܠܝܣ ܒܝܠ 80 ܘ 85 ܡܘܬܐ ܕܐܢܫܐ ܠܗ ܚܠܡܘܬܐ. ܣܘܪܕܐ ܕܡܫܪܟܢܘܬܐ ܕܠܩܘܒܠ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ A، C، W، Y ܦܝܫܐ ܡܢܐ ܡܘܦܠܝܐ ܠܗ ܡܠܟܘܬܐ ܡܚܝܕܬܐ (UK) ܗܿܘ ܡܢ ܫܢܬܐ 2015 ܘܦܝܫܐ ܡܢܐ ܡܘܣܝܐ ܕܦܫܬ ܡܘܦܠܝܐ ܠܗ ܐܘܣܬܪܝܐ ܡܚܝܕܐ ܕܐܡܪܝܟܐ ܗܿܘ ܡܢ ܫܢܬܐ 2005.

ܐܗܐ ܠܘܚܡܐ ܠܐ ܚܝܕ ܠܐܦ ܚܕܐ ܒܥܒܕܢܐ ܫܢܬܐ ܘܩܢܐ ܩܢܝܐ ܕܡܪܥܐ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ. ܒܕܝܪ ܡܘܬܒܐ ܕ W، ܠܘܚܡܐ ܕܐܪܒܥܐ ܠܗ ܚܕ ܝܕ ܚܝܠܐ ܠܗܘܢ، ܐܝܟ ܚܠܡܘܬܐ ܕܐܝܬ ܗܘܘ ܠܗܘܢ، ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ ܡܘܬܒܐ C ܗܿܘ ܡܢ ܝܢܐ ܕܐܠܘܕܘܬܐ ܘܝܕ ܬܐܝܕ ܠܗܘܢ، ܡܢ ܡܘܬܒܐ A ܘ Y.

ܟܠܕܐ ܠܝܬܢܝܐ ܡܬܦܣܩܢܝܐ ܕܠܘܚܡܐ ܕܠܩܘܒܠ ܡܪܥܐ ܕܡܘܚܐ ܕܡܘܫܐ W

ܡܘܗܒܐ ܙܘܕܐ ܕܟܠܕܐ ܠܝܬܢܝܐ ܘܚܘܪܐ ܡܢܐ ܘܝܕ ܐܘܠܒ ܒܚܠܝܠܘܬܐ. ܝ، ܘܦܓܝܘܗ ܚܝܒܪܐ (ܕܠܩܘܒܠܘܬܐ) ܕܝܠܬܐ ܡܢܐ ܡܘܦܡܠܗܘ، ܐܝܟ ܝܕ ܡܝܘܡܒ ܒܚܠܝܠܘܬܐ ܡܢ ܒܬܪ ܡܫܠܛܐ ܕܡܫܪܟܢܘܬܐ.

ܟܠܕܐ ܠܝܬܢܝܐ ܚܢܕܝܐ

- ܕܢܚܬܐ ܡܚܒܓܬܐ ܠܗ ܕܪܟܐ ܕܚܣܘܡܬܐ ܕܦܠܓܐ
- ܡܪܥܐ ܕܪܝܫܐ
- ܠܒܝܬܐ
- ܓܠܓܐ، ܘܡܫܬܢܘܬܐ ܘܣܘܪܐ ܒܚܘܦܐ ܕܡܚܝܠܐ (ܣܚܝܠܐ)
- ܥܢܝܬܐ ܒܠܚܐ ܕܗܘܢܐ ܠܘܠ 30 ܕܩܝܩܐ ܡܢ ܒܬܪ ܡܫܠܛܐ ܕܡܫܪܟܢܘܬܐ.

ܠܡܫܠܛܐ ܠܝܫܢܐ
ܕܪܕܡܫܬܐ ܘܕܦܫܡܬܐ،
ܩܪܘ، ܥܠ ܡܢܝܢܐ 131 450

Interpreter

IMMUNISE AUSTRALIA PROGRAM
An Australian, State and Territory Governments initiative

ܐܸܢ ܙܲܩܦܘܼܗ ܠܒܲܪܬܵܐ ܡܚܲܒܟܵܐ ܡܘܼܩܡܠܘܿܗ̇، ܩܲܝܸܡܵܗ̇ ܕܡܲܫܸܪܝܵܗ̇ ܠܘܿܗ̇ ܦܠܲܚܬܵܐ ܚܲܝܠܵܢܵܝܬܵܐ:

- ܒܒܲܝܬܵܐ ܕܒܲܬܪܵܐ ܡܲܝܵܐ ܙܘܼܕܵܐ ܘܡܲܚܒܘܼܪܬܵܐ ܕܠܒܘܼܫܵܐ ܕܦܲܪܵܘܵܬܵܐ ܡܕܲܥܬܵܐ ܠܒܸܢܵܐ ܐܝܼܠܹܗ ܐܸܢ ܗ̇ܘ ܡܫܘܼܚܠܦܵܐ ܐܝܼܠܹܗ
- ܒܒܲܠܬܵܐ ܕܡܲܝܵܐ ܕܦܲܪܵܣܬܵܡܘܿܠ ܘܡܲܚܡܲܝܢܬܵܐ ܕܡܝܼܕ ܓܘܼܠܠܵܐ ܦܵܪܵܐ ܘܡܘܼܬܪܵܢܵܐ ܥܲܠ ܚܘܼܦܵܐ ܕܡܲܚܵܝܬܵܐ ܕܡܲܕܟܪܵܐ ܐܝܼܠܹܗ.

ܚܲܕܵܐ ܚܲܝܠܵܢܵܝܬܵܐ ܩܲܡ ܓܪܘܼܫܵܐ

- ܕܡܘܼܕܥܵܢܘܼܬܵܐ ܦܲܩܫܵܝܬܵܐ ܡܲܚܝܵܐ.

ܐܝܼܬ ܕܣܹܓܵܐ ܕܡܘܼܕܥܵܢܘܼܬܵܐ ܦܲܩܫܵܝܬܵܐ ܡܲܚܝܵܐ ܦܘܼܫܵܐ ܗܘܵܐ، ܦܲܪܢܵܣܵܐ ܓܲܘ ܡܝܼܬ ܚܕܵܝܵܐ ܠܡܲܫܡܲܥܬܵܐ ܕܒܢܝܼܬܵܐ ܐܲܚܝܼܢܵܐ.

ܐܸܢ ܙܲܩܦܘܼܗ ܠܒܲܪܬܵܐ ܡܲܚܝܵܐ ܗܵܘܹܐ ܒ ܐܝܼܬ ܗܵܘܹܐ ܒܫܲܢܵܬܵܐ، ܒ ܐܸܢ ܟܘܼܠܲܝܬܵܐ ܗܵܘܹܐ، ܦܲܢܝܵܐ ܥܲܡ ܐܲܚܘܿܬܵܘܗ̇ ܒ ܥܲܡ ܓܲܘܵܐ ܒܥܲܝܵܐ.

ܣܝܼܡܵܐ ܕܚܲܒܲܠܵܐ ܐܲܚܸܪܵܝܹܐ ܠܒܲܪܬܵܐ ܡܸܢ ܩܲܕܲܡ ܡܲܚܠܲܡܬܵܐ

ܡܸܢ ܩܲܕܲܡ ܕܦܲܝܫܵܐ ܙܲܩܝܼܦܵܐ، ܐܝܼܠܹܗ ܡܚܘܼܫܲܒܬܵܐ، ܡܲܚܒܪܘܼܢ ܩܵܐ ܐܲܚܘܿܬܵܘܗ̇ ܒ ܚܘܼܦܵܬܵܐ (ܦܪܵܣ) ܐܸܢ ܦܲܝܫܵܐ ܠܹܗ ܚܕܵܐ ܡܸܢ ܕܲܢܝܵܐ ܐܲܚܸܪܵܝܹܐ ܐܝܼܠܹܗ.

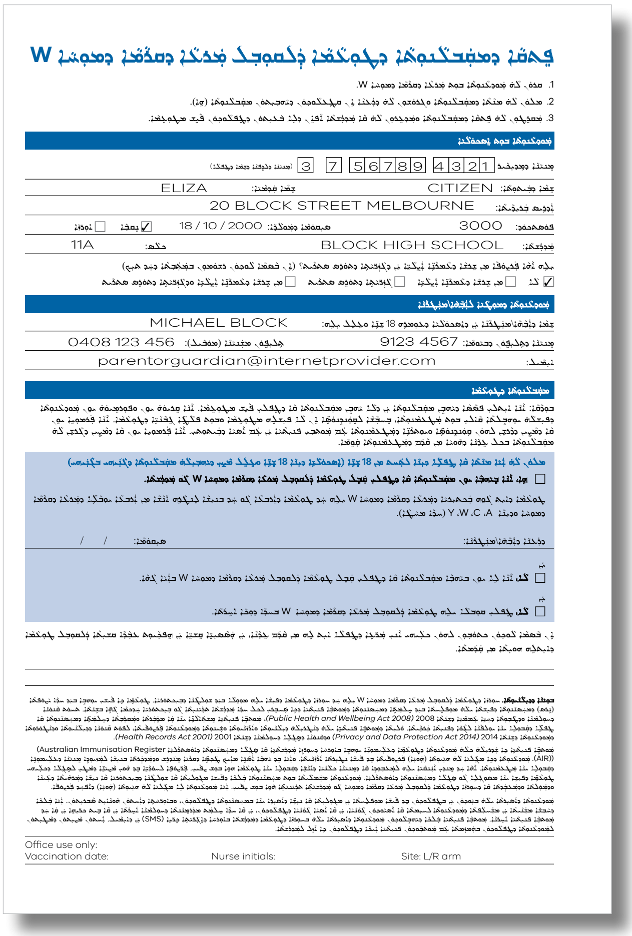
- ܡܲܕܟܪܵܐ ܐܝܼܠܹܗ ܒܚܘܼܡܵܐ ܕܡܲܚܠܲܡܬܵܐ (ܕܲܪܓܵܐ ܕܚܘܼܡܵܐ ܕܦܲܓܪܵܐ ܝܲܬܝܼܪ ܡܸܢ 38.5°C ܐܝܼܠܹܗ)
- ܐܝܼܬܠܹܗ ܦܲܩܫܵܐ ܡܲܚܝܵܐ
- ܐܝܼܬܠܹܗ ܗܘܵܐ ܙܲܩܦܘܼܗ ܠܒܲܪܬܵܐ ܡܲܚܝܵܐ ܡܸܢ ܒܵܬܲܪ ܦܲܝܫܵܐ ܕܚܘܼܦܵܬܵܐ
- ܒܛܝܼܢܵܐ ܝܠܵܗ̇

ܡܸܢ ܒܵܬܲܪ ܡܲܚܠܲܡܬܵܐ، ܗܲܕܵܪܵܐ ܕܝܘܼܡܵܐ ܩܵܐ ܟܠ ܚܲܕ ܡܸܢ ܓܲܘ ܡܲܚܠܲܡܬܵܐ ܗܵܘܹܐ ܩܵܐ ܟܠ ܚܘܼܦܵܐ ܡܸܢ 15 ܕܩܝܼܩܹܐ.

ܩܵܐ ܒܘܼܫ ܙܵܘܕܵܐ ܡܲܥܠܘܼܡܘܼܬܵܐ

ܐܸܢ ܣܢܝܼܩܵܐ ܗܘܲܝܬܘܿܢ ܠܒܘܼܫ ܙܵܘܕܵܐ ܡܲܥܠܘܼܡܘܼܬܵܐ ܒ ܡܲܥܠܘܼܡܘܼܬܵܐ، ܐܸܢ ܚܲܩܵܐ ܠܘܼܟ̣ܘܿܢ ܦܲܢܝܘܼܢ ܥܲܡ ܣܲܝܥܬܵܐ ܕܡܲܚܠܲܡܬܵܐ ܕܝܼܠܘܿܟ̣ ܡܲܥܠܘܿܡܘܼܟ̣ܘܿܢ، ܦܲܝܫܵܐ ܒ ܥܲܡ ܐܲܚܝܵܐ ܕܒܲܝܬܘܼܟ̣ܘܿܢ.

ܒ ܣܲܪܒܘܼܢ ܠܒܘܼܫ www.betterhealth.vic.gov.au


ܦܲܬܵܐ ܕܡܲܚܠܲܡܬܵܐ ܕܟ̣ܘܼܠܲܝܬܵܐ ܕܠܡܘܼܕܥܵܐ ܡܲܚܝܵܐ ܕܡܲܒܪܵܐ ܕܡܲܚܝܵܐ W

ܡܸܢܝܵܢܵܐ ܕܡܸܕܝܲܟܵܪ	4321 56789 7 3
ܫܸܡܵܐ ܕܒܲܝܬܵܐ	CITIZEN
ܫܸܡܵܐ ܦܲܪܨܘܿܦܵܝܵܐ	ELIZA
ܡܲܘܬܒܵܐ	20 BLOCK STREET MELBOURNE
ܦܘܿܣܛܲܟܘܿܕ	3000
ܣܝܼܡܵܐ ܕܡܲܘܠܵܕܵܐ	18 / 10 / 2000
	✓ ܢܩܒܬܵܐ ☐ ܕܟܪܵܐ
ܡܲܕܪܲܫܬܵܐ	BLOCK HIGH SCHOOL
ܨܲܦܵܐ	11A
ܫܸܡܵܐ ܕܝܵܠܘܿܕܵܐ/ܡܲܢܛܪܵܢܵܐ	MICHAEL BLOCK
ܡܸܢܝܵܢܵܐ ܕܬܹܠܹܦܘܿܢ ܕܒܲܝܬܵܐ	9123 4567
ܬܹܠܹܦܘܿܢ ܡܲܫܠܝܵܢܵܐ (ܡܘܿܒܵܝܠ)	0408 123 456
ܐܝܼܡܹܝܠ	parentorguardian@internetprovider.com

A, C, W, Y

ܕܒܵܪܵܐ ܠܡܲܠܦܘܼܬܵܐ ܐܲܝܟ ܦܲܬܵܐ

ܐܸܢ ܚܲܩܵܐ ܠܘܼܟ̣ܘܿܢ، ܡܸܢܘܼܗ، ܟܠܝܼ ܡܲܥܠܘܼܡܘܼܬܵܐ.
ܡܲܠܝܘܼܗ، ܟܠܝܼ ܦܲܬܵܐ ܐܲܦܝܵܐ، ܕܚܘܼܬܵܡܵܐ ܠܹܐ ܐܝܼܠܹܗ ܦܲܝܫܵܐ ܗܘܵܝܵܐ.
ܡܲܫܕܪܘܼܢ، ܟܠܝܼ ܦܲܬܵܐ ܘܡܲܕܥܪܘܼܢ، ܟܠܝܼ ܩܵܐ ܡܲܕܪܲܫܬܵܐ.

ܩܵܐ ܚܲܒܠܘܼܢ ܚܘܼܬܵܡܵܐ/ܐܲܝܣܘܼܟܵܢܵܐ

ܐܸܢ ܚܲܩܵܐ ܠܘܼܟ̣ܘܿܢ، ܡܲܠܝܘܼܗ، ܟܠܝܼ ܡܲܥܠܘܼܡܘܼܬܵܐ ܒܘܼܫ ܚܘܼܬܵܡܵܐ.

ܒܢܝܼܫܵܐ

ܡܲܠܝܘܼܗ، ܟܠܝܼ ܐܲܢܵܐ ܡܲܢܬܵܐ ܐܸܢ، ܡܲܣܒܪܵܐ ܝܘܸܢ،
ܕܦܲܝܫܵܠܘܼܟ̣ܘܿܢ، ܦܲܝܫܵܐ ܡܚܘܼܡܠܵܐ.

ܒ

ܡܲܠܝܘܼܗ، ܟܠܝܼ ܐܲܢܵܐ ܡܲܢܬܵܐ ܐܸܢ، ܠܹܐ ܝܘܸܢ، ܡܲܣܒܪܵܐ ܝܘܸܢ،
ܕܦܲܝܫܵܠܘܼܟ̣ܘܿܢ، ܦܲܝܫܵܐ ܡܚܘܼܡܠܵܐ.

ܐܸܢ ܒܲܥܝܵܐ ܝܘܸܢ، ܕܡܲܚܠܲܡܬܘܿܢ، ܠܹܗ ܐܘܼܦ ܝܲܬܝܼܪܵܐ ܒܣܲܒܵܐ ܐܘܿܪܚܵܐ ܡܲܟܦܪܢܵܝܬܵܐ،
ܡܲܕܪܘܼܢ، ܐܝܼܡܹܝܠ ܩܵܐ: immunisation@dhhs.vic.gov.au

ܡܲܦܩܲܕܬܵܐ ܘܡܲܦܪܝܵܢܵܐ ܒܝܲܕ ܡܲܠܟܘܼܬܵܐ ܕܒܝܼܟܛܘܿܪܝܵܐ، 1 Treasury Place, Melbourne.
© ܐܘܼܚܕܵܢܵܐ ܕܒܝܼܟܛܘܿܪܝܵܐ، ܐܝܼܕܵܐ 2017 (1702019)

ܦܬܩܐ ܕܡܦܣܢܘܬܐ ܕܚܘܼܠܡܢܐ ܕܠܘܩܒܠ ܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ W

1. ܡܠܝ ܟܠܗ̇ ܡܘܕܥܢܘܬܐ ܥܠ ܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ W.
2. ܡܠܝ ܟܠܗ̇ ܡܢܬܐ ܕܡܦܣܢܘܬܐ ܘܠܒܘܫܝ ܟܠܗ ܕܦܬܟ̈ܐ ܝܢ ܡܫܬܠܡܢܐ ܕܒܥܘܬܐ ܡܦܣܢܘܬܐ (ܐܝܢ).
3. ܡܫܕܪܠܗ ܟܠܗ ܦܬܩܐ ܕܡܦܣܢܘܬܐ ܘܡܕܝܢܬܐ ܟܠܗ ܥܡ ܡܕܪܫܬܐ ܐܘ ܕܠܐ ܒܥܠܬܐ ܕܫܦܩܠܗ ܩܕܡ ܡܚܘܝܬܐ.

ܡܘܕܥܢܘܬܐ ܥܠ ܡܪܥܝܢܐ

ܡܢܝܢܐ ܕܡܕܝܢܬܐ ☐☐☐☐ ☐☐☐☐☐ ☐ ☐ (ܡܢܝܢܐ ܕܠܦܢܝܐ ܕܫܡܐ ܕܫܦܠܐ)

ܫܡܐ ܕܒܝܬܘܬܐ: ܫܡܐ ܡܕܡܝܐ:

ܐܕܪܫ ܕܒܝܬܐ:

ܦܘܣܛܟܘܕ: ܣܝܡܐ ܕܡܘܠܕܐ: / / ☐ ܓܒܪܐ ☐ ܐܢܬܬܐ

ܡܕܝܢܬܐ: ܟܠܣ:

ܐܝܬܘܗܝ ܐܢܐ ܩܪܝܒܐ ܡܢ ܓܢܣܐ ܕܐܒ̈ܪܝܓܝܢܝܐ ܝܢ ܕܓܙܪ̈ܬܐ ܕܛܘܪܣ ܣܛܪܝܬ? (ܝܢ ܬܡܘܡ ܟܠܗܘܢ, ܐܝܟܢܐ ܕܦܐܫ ܡܘܚܘܝܐ ܕܥܕ ܚܕܐ)

☐ ܟܠܐ ☐ ܡܢ ܓܢܣܐ ܕܐܒ̈ܪܝܓܝܢܝܐ ☐ ܓܙܪ̈ܬܢܝܐ ܕܛܘܪܣ ܣܛܪܝܬ ☐ ܡܢ ܓܢܣܐ ܕܐܒ̈ܪܝܓܝܢܝܐ ܘܓܙܪ̈ܬܢܝܐ ܕܛܘܪܣ ܣܛܪܝܬ

ܡܘܕܥܢܘܬܐ ܕܡܘܗܝܢܐ ܠܐܒܐ\ܐܡܐ\ܡܫܓܚܢܐ

ܫܡܐ ܕܐܒܐ\ܐܡܐ\ܡܫܓܚܢܐ ܝܢ ܕܡܪܥܝܢܐ ܕܒܘܨܪ 18 ܫܢܝ̈ܐ ܘܡܫܓܚܢܐ ܐܝܟܘ:

ܡܢܝܢܐ ܕܬܠܝܦܘܢ ܕܒܝܬܐ: ܬܠܝܦܘܢ ܡܫܘܚܢܐ (ܡܘܒܝܠ):

ܐܝܡܝܠ:

ܡܦܣܢܘܬܐ ܕܚܘܼܠܡܢܐ

ܚܘܝܕܐ: ܐܢܐ ܐܝܡܝܠ ܦܬܩܐ ܕܗܘܢ ܡܦܣܢܘܬܐ ܝܢ ܕܟܠܐ ܗܘܢ ܡܦܣܢܘܬܐ ܥܠ ܕܫܦܠܐ ܩܕܡ ܡܚܘܝܬܐ. ܐܢܐ ܝܕܥܘܢ ܘܦܘܪܫܢܘܬܐ ܝܘܢ ܡܘܕܥܢܘܬܐ ܕܦܬܩܐ ܡܘܢܝܬܐ ܥܠܝܗ ܕܗܘܐ ܡܚܘܝܢܘܬܐ، ܝܫܝܬܐ ܠܡܦܪܝܢܘܬܐ ܝܢ ܟܠܐ ܩܒܘܠܝܗ ܡܚܘܝܬܐ ܕܗܘܐ ܩܠܝܠܐ ܠܦܬܝܬܐ ܕܚܘܼܠܡܢܐ. ܐܢܐ ܦܪܫܢܝ ܡܢ ܥܠ ܕܟܝܢ ܕܐܕܝ̈ܝ ܠܗܘܢ ܡܦܪܝܢܘܬܐ ܘܡܘܗܒܬܐ ܕܡܚܘܝܢܘܬܐ ܥܡ ܡܫܚܠܦ ܩܢܘܢܐ ܝܢ ܟܠ ܐܘܢܐ ܕܒܝܬܘܬܐ. ܐܢܐ ܦܪܫܢܝ ܡܢ ܥܠ ܕܟܝܢ ܕܐܬܝܐ ܟܠܐ ܡܦܣܢܘܬܐ ܒܟܠ ܙܒܢܐ ܕܗܘܢ ܡܢ ܩܕܡ ܕܡܚܘܝܢܘܬܐ ܡܢܘܬܐ.

ܡܠܝ ܟܠܗ ܐܢܐ ܡܢܬܐ ܥܠ ܡܪܥܝܢܐ ܕܒܢܐ ܠܒܘܫ ܡܢ **18** ܫܢܝ̈ܐ (ܡܪܥܝܢܐ ܕܒܢܐ **18** ܫܢܝ̈ܐ ܘܡܫܓܚܢܐ ܡܨܝ ܕܡܘܗܒܠܗ ܡܦܣܢܘܬܐ ܕܓܢܒܗܘܢ ܒܓܢܒܗܘܢ)

☐ ܐܝܢ، ܐܢܐ ܝܗܘܒܐ ܝܘܢ ܡܦܣܢܘܬܐ ܥܠ ܕܫܦܠܐ ܩܕܡ ܚܘܼܠܡܢܐ ܕܠܘܩܒܠ ܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ **W** ܠܗ ܡܕܪܫܬܐ.

ܚܘܼܠܡܢܐ ܕܒܢܐ ܠܗܘ ܒܚܕܢܝܐ ܕܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ W ܐܝܬܘ ܚܕ ܚܘܼܠܡܢܐ ܕܐܕܪܟܐ ܠܗ ܚܕ ܚܕܢܝܐ ܠܐܪܒܥܐ ܐܢܐ ܡܢ ܐܕܪܟܐ ܡܘܢܝܬܐ ܕܡܕܪܟܐ ܕܡܪܥܐ ܕܡܘܚܐ ܘܕܢܝܐ A, C, W, Y (ܣܕܪܐ ܡܢܫܓܚܐ).

ܕܪܟܐ ܕܐܒܐ\ܐܡܐ\ܡܫܓܚܢܐ: ܣܝܡܐ: / /

ܝܢ

☐ ܟܠܐ، ܐܢܐ ܠܝܬ ܝܘܢ ܒܝܗܒܐ ܡܦܣܢܘܬܐ ܥܠ ܕܫܦܠܐ ܩܕܡ ܚܘܼܠܡܢܐ ܕܠܘܩܒܠ ܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ W ܒܕܘܟܐ ܟܠܗ.

ܝܢ

☐ ܟܠܐ، ܫܦܠܐ ܡܘܒܠܐ ܐܝܟܘ ܚܘܼܠܡܢܐ ܕܠܘܩܒܠ ܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ W ܒܣܕܪܐ ܕܗܘܐ ܐܚܪܬܐ.

ܝܢ ܬܡܘܡ ܟܠܗܘܢ، ܚܡܫܡܘܢ ܠܗܘܢ، ܚܠܝܡܘ ܐܢܒ ܡܕܝܢܐ ܕܫܦܠܐ ܕܢܝܐ ܠܝܗ ܡܢ ܩܕܡ ܝܕܥܢܐ، ܝܢ ܦܫܝܡܐ ܡܥܝܢܐ ܝܢ ܘܦܬܚܘܡ ܒܟܬܒܐ ܡܥܒܪܐ ܕܠܘܩܒܠ ܚܘܼܠܡܢܐ ܕܢܝܐܠܝܗ ܘܗܘܝܐ ܡܢ ܡܕܢܚܐ.

ܚܘܝܕܐ ܕܦܪܫܢܘܬܐ. ܣܘܕܪܐ ܕܚܘܼܠܡܢܐ ܕܠܘܩܒܠ ܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ W ܐܝܬܘ ܚܕ ܣܘܕܪܐ ܕܚܘܼܠܡܢܐ ܕܟܝܢܐ ܐܝܟܘ ܡܘܗܒܠܐ ܒܚܕ ܚܘܠܛܢܐ ܕܒܝܬܘܬܐ. ܚܘܼܠܡܢܐ ܝܢ ܩܛܝܥ ܡܘܗܒܐ ܒܚܕ ܣܕܪܐ ܫܘܦܬܐ (ܝܕܥ) ܕܡܫܬܘܕܥܢܘܬܐ ܕܦܬܟܐ ܝܢ ܡܘܦܩܢܐ ܐܝܟܘ ܡܘܦܩܢܐ ܒܝܕ ܝܠܦܢܐ ܕܡܫܬܘܕܥܢܘܬܐ ܕܡܘܗܒܐ ܩܢܘܢܐ ܕܝܢܐ ܡܫܓܚܝܢ ܠܟܠ ܣܕܪܐ ܡܕܪܫܬܐ ܗܕܝܢܘܬܐ ܠܗ ܒܚܘܠܛܢܐ ܡܓܪܡܢܐ ܠܟܠܐ ܒܝܬܝܐ. ܗܣܡܐ ܩܢܘܢܐ ܕܣܘܠܛܢܐ ܘܕܠܝܡܐ ܕܒܝܬܐ ܠܚܡܫܝܢ ܕܝܢܐ 2008 *(Public Health and Wellbeing Act 2008)*، ܡܘܗܒܐ ܩܢܝܢܐ ܡܥܠܝܬܐ ܡܢܐ ܥܠ ܡܕܪܫܬܐ ܘܡܫܟܚܬܐ ܕܝܠܦܢܐ ܕܡܫܬܘܕܥܢܘܬܐ ܥܠ ܫܦܠܐ ܕܡܘܗܒܐ ܡܢܐ ܡܘܠܩܢܐ ܠܟܠܐ ܕܩܢܝܢܐ ܕܩܢܝܬܐ. ܘܠܝܬܐ ܕܡܘܗܒܐ ܩܢܝܢܐ ܡܠܝܢ ܕܢܛܘܪܬܐ ܕܦܪܫܢܘܬܐ ܡܫܬܘܕܥܢܘܬܐ ܘܢܛܘܪܬܐ ܘܡܘܕܥܢܘܬܐ ܕܚܘܼܠܡܢܐ ܦܪܫܘܬܐ، ܠܟܦܡ ܩܢܘܢܐ ܕܦܪܫܢܘܬܐ ܘܕܢܛܘܪܬܐ ܕܡܘܕܥܢܘܬܐ 2014 *(Privacy and Data Protection Act 2014)* ܘܩܢܘܢܐ ܕܡܟܬܒܐ ܕܣܘܠܛܢܐ ܕܝܢܐ 2001 *(Health Records Act 2001)*.

ܡܘܗܒܐ ܩܢܝܢܐ ܝܢ ܡܕܪܫܬܐ ܚܠܦ ܡܘܕܥܢܘܬܐ ܕܚܘܼܠܡܢܐ ܕܚܠܡܘܬܐ ܡܘܗܒܐ ܒܐܘܪܚܐ ܕܣܘܕܪܐ ܡܕܪܫܬܐ ܥܠ ܫܠܛܐ ܕܡܫܬܘܕܥܢܘܬܐ ܕܐܘܣܛܪܠܝܐ (Australian Immunisation Register (AIR)). ܡܘܕܥܢܘܬܐ ܕܝܢ ܡܫܠܛܢܐ ܟܠܗ ܗܝܡܢܘܬܐ (ܐܝܟܢ) ܦܪܫܢܘܬܐ ܥܡ ܩܢܝܐ ܐܢܫܝܬܐ ܐܕܘܢܝܐ. ܘܐܢܐ ܥܡ ܚܕܡܬܐ ܐܘܬܢܐ ܡܢܝܢ ܕܫܘܚܠܦܐ ܕܡܕܝܢܐ ܡܩܪܒܢ ܘܡܕܪܫܬܐ ܒܥܒܕܐ ܠܚܡܫܝܢ ܡܢܝܢܐ ܕܚܠܡܘܬܐ ܕܡܘܗܒܐ ܡܢܐ ܡܚܠܦܢܘܬܐ. ܐܝܟܐ ܚܕ ܡܢܝܢ ܐܢܫܝܢܐ ܐܝܟܘ ܠܡܚܠܦܢܘܬܐ ܝܢ ܕܝܢܬܐ ܘܕܠܝܢܐ ܕܡܘܗܒܐ ܡܢܐ ܚܘܼܠܡܢܐ ܗܘܐ ܒܘܬ ܩܒܠ. ܦܪܫܢܘܬܐ ܠܣܢܕܐ ܥܡ ܗܘ ܡܘܢܝܢܐ ܕܫܠܛ ܠܫܠܛܐ ܕܚܠܡܘܬܐ ܚܘܼܠܡܢܐ ܕܝܢܐ ܡܢܐ ܡܫܠܛܢܐ ܠܗ ܫܠܛܐ ܕܡܫܬܘܕܥܢܘܬܐ ܕܐܘܣܛܪܠܝܐ. ܡܘܕܥܢܘܬܐ ܡܫܬܚܠܦܬܐ ܒܘܬ ܡܫܬܘܕܥܢܘܬܐ ܒܝܕ ܕܩܢܝܐ ܡܚܘܝܬܐ ܥܠ ܚܘܠܛܢܐ ܕܒܝܬܘܬܐ ܥܠ ܒܢܝܐ ܕܡܕܪܫܬܐ ܕܐܢܫܐ ܘܡܫܬܘܕܥܢܘܬܐ ܥܠ ܣܘܕܪܐ ܕܚܘܼܠܡܢܐ ܕܠܘܩܒܠ ܡܪܥܐ ܕܡܙܪ̈ܬܐ ܕܡܘܚܐ ܠܗ ܡܕܪܫܬܐ ܕܐܝܬܝܢ ܗܘܐ ܒܘܬ ܩܒܠ. ܐܢܐ ܡܘܕܥܢܘܬܐ ܠܗ ܡܫܠܛܢܐ ܟܠܗ ܗܝܡܢܘܬܐ (ܐܝܟܢ) ܕܐܦܪܫܢܘܬܐ.

ܡܘܕܥܢܘܬܐ ܕܐܢܫܝܬܐ ܐܝܟܘ ܒܗܝܡܢܘܬܐ ܝܢ ܒܝܕ ܫܦܠܐ ܥܡ ܩܢܝܐ ܡܘܦܩܢܐ ܝܢ ܡܚܘܝܬܐ ܥܠ ܒܝܬܐ ܕܐܢܫܝܢܐ ܡܢܐ ܒܡܫܬܘܕܥܢܘܬܐ ܕܫܦܠܐ، ܘܡܢܘܩܫܝܢ ܕܐܢܫܐ ܘܥܠܝܗ ܡܚܘܝܐ. ܐܢܐ ܒܟܠܐ ܕܫܒܩܢܐ ܡܫܬܘܕܥܢܘܬܐ ܝܢ ܡܫܬܠܡܢܐ ܕܡܘܕܥܢܘܬܐ ܠܚܫܒܬܐ ܥܠ ܐܚܪܢܐ ܠܩܢܝܐ ܕܫܦܠܐ، ܝܢ ܥܠ ܐܚܪܢܐ ܠܩܢܝܐ، ܝܢ ܥܠ ܣܕܪܐ ܝܠܦܢܐ ܡܕܪܫܝܬܐ ܕܣܘܠܛܢܐ ܐܚܪܢܐ ܝܢ ܥܠ ܟܠ ܚܕܐ ܝܢ ܥܠ ܚܕ ܡܘܗܒܐ ܩܢܝܢܐ ܐܚܪܢܐ. ܡܘܗܒܐ ܩܢܝܢܐ ܒܟܠܐ ܕܡܚܘܝܢܘܬܐ، ܡܘܕܥܢܘܬܐ ܕܐܢܫܝܬܐ ܐܝܟܘ ܒܣܘܕܪܐ ܕܚܘܼܠܡܢܐ ܕܡܕܪܫܬܐ ܒܐܘܪܚܐ ܕܐܓܪܬܐ ܟܬܝܒܐ (SMS) ܝܢ ܕܐܝܡܝܠ. ܐܢܫܐ، ܩܢܝܐ، ܘܡܫܓܚܢܐ، ܠܡܘܕܥܢܘܬܐ ܕܫܦܠܐ، ܒܡܘܕܥܢܘܬܐ ܥܠ ܡܘܗܒܐ، ܩܢܝܐ ܐܚܪܢܐ ܕܫܦܠܐ، ܝܢ ܐܝܟ ܠܡܕܪܫܬܐ.

Office use only:
Vaccination date: Nurse initials: Site: L/R arm

Meningococcal W Secondary School Vaccine Program

1. Read the Meningococcal W information.
2. Complete the consent section and sign if a Yes.
3. Remove the consent form and return it to school even if you do not want your child to be vaccinated.

Contact your local council for more information.

Meningococcal W information

Meningococcal W

Meningococcal disease is caused by bacteria. Although meningococcal disease is uncommon, it can become very serious, very quickly. About 10 per cent of people carry meningococcal bacteria in their throat without becoming unwell. These people are known as 'carriers'. Meningococcal bacteria are passed from person to person by regular, close, prolonged household and intimate contact. Adolescents are at increased risk of meningococcal disease and more likely to spread the disease to others.

Invasive meningococcal disease occurs when these bacteria enter the blood stream to cause septicaemia (infection in the blood, also known as 'bacteraemia') or meningitis, (inflammation of the membrane covering of the brain). Death can occur in up to 10 per cent of cases. Occasionally, severe infection can also occur in the joints, throat, lungs or intestines.

There are different strains (serogroups) of meningococcal bacteria known by letters of the alphabet, including meningococcal A, B, C, W and Y. In recent years the meningococcal W strain has increased across Australia, with Victoria experiencing 48 cases in 2016, compared to 17 cases in 2015, four in 2014 and one in 2013.
It is now the predominant strain in Victoria.

Meningococcal W-containing vaccine

The Meningococcal W-containing vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains. Studies have shown that the effectiveness of the meningococcal A, C, W, Y vaccine is between 80 to 85 per cent in adolescents. Meningococcal A, C, W, Y vaccination programs have been implemented in adolescents in the UK since 2015, and recommended in the US since 2005.

The vaccine does not contain any live bacteria and cannot cause meningococcal disease. In addition to the W strain, the four-in-one vaccine will boost adolescents with the C strain they had as a baby and protect against the A and Y strains.

Possible side effects of meningococcal W vaccine

Most side effects are minor and quickly disappear. If the following reactions occur, it will be soon after vaccination.

Common side effects

- Mild temperature
- Headache
- Dizziness
- Pain, redness and swelling at the injection site
- Fainting may occur up to 30 minutes after any vaccination.

Translating and interpreting service
Call 131 450

Interpreter

IMMUNISE AUSTRALIA PROGRAM
An Australian, State and Territory Governments initiative

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

- Drinking extra fluids and not over-dressing if the person has a fever
- Taking paracetamol and placing a cold, wet cloth on the sore injection site.

Extremely rare side effects

- 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 your doctor or nurse if any of the following apply.

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has any severe allergies
- Has had a severe reaction to any vaccine
- Is pregnant.

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

Further information

If you require further advice or information, please contact your local council immunisation service or local doctor.

Or visit www.betterhealth.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/students

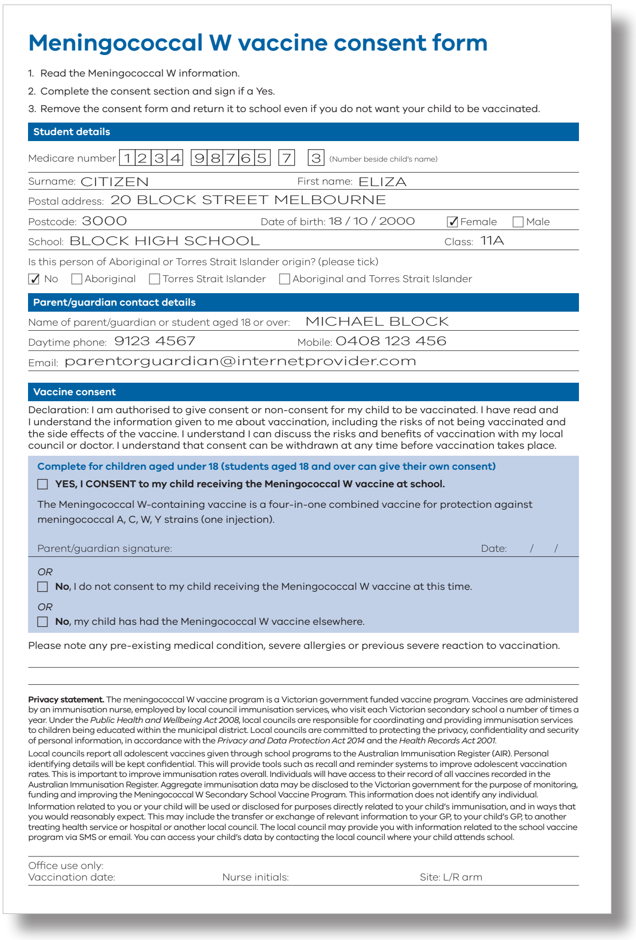
Please complete with the details of the child.

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.



Meningococcal W vaccine consent form

1. Read the Meningococcal W information.
2. Complete the consent section and sign if a Yes.
3. Remove the consent form and return it to school even if you do not want your child to be vaccinated.

Student details

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

Surname: CITIZEN First name: ELIZA

Postal address: 20 BLOCK STREET MELBOURNE

Postcode: 3000 Date of birth: 18 / 10 / 2000 ☑ Female ☐ Male

School: BLOCK HIGH SCHOOL Class: 11A

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

Name of parent/guardian or student aged 18 or over: MICHAEL BLOCK

Daytime phone: 9123 4567 Mobile: 0408 123 456

Email: parentorguardian@internetprovider.com

Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of the vaccine. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

Complete for children aged under 18 (students aged 18 and over can give their own consent)

☐ **YES, I CONSENT to my child receiving the Meningococcal W vaccine at school.**

The Meningococcal W-containing vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection).

Parent/guardian signature: Date: / /

OR

☐ **No**, I do not consent to my child receiving the Meningococcal W vaccine at this time.

OR

☐ **No**, my child has had the Meningococcal W vaccine elsewhere.

Please note any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.

Privacy statement. The meningococcal W vaccine program is a Victorian government funded vaccine program. Vaccines are administered by an immunisation nurse, employed by local council immunisation services, who visit each Victorian secondary school a number of times a year. 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 Immunisation Register (AIR). 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. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Meningococcal W 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:
Vaccination date: Nurse initials: Site: L/R arm

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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3. Remove the consent form and return it to school even if you do not want your child to be vaccinated.

Student details

Medicare number ☐☐☐☐ ☐☐☐☐☐ ☐ ☐ (Number beside child's name)

Surname: First name:

Postal address:

Postcode: Date of birth: / / ☐ Female ☐ Male

School: Class:

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

Name of parent/guardian or student aged 18 or over:

Daytime phone: Mobile:

Email:

Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of the vaccine. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

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Vaccination date: Nurse initials: Site: L/R arm