# Tallaalka Bani'aadamka ee papillomavirus (HPV)

Waxaa lagula talinayaa carruurta Fasalka 7 aad ee dugsiga sare

Fadlan akhri macluumaadka.
Buuxi foomka xitaa haddii aan tallaalka lagu siineynin.
Ka jeex foomka oo ku soo celi dugsiga

- Golaha degaanka ayaa soo booqan doona dugsiga si dhakhso ah barnaamijka tallaalkan awgii.
- Tallaal bilaash ah waxaa sannadkan laga helayaa dugsiga, dakhtarka ama adeega tallaalka ee golaha degaanka.
- Akhri liiska hubinta ee tallaalka ka hor kalana hadal wixii caafimaadka aad ka saluugsan tahay cidda bixineysa tallaalka ka hor intaan ilmahaaga la tallaalin.
- Waxaa laga yaabaa inuu ilmahaagu u baahdo hal cirbad wax ka badan xannuuno kala duwan isla maalintaas. Tani ma kordhin doonto fursada uu ilmahaaga uu yeelanayo falcelin ku saabsan tallaalka.
- Waa inaad soo ku celisaa foomka ka raali ahaanshaha dugsiga xitaa haddii ilmahaaga aan la tallaalaynin maadaama tani ka caawineyso bixinta adeegyada caafimaadka ee la hagaajiyey.

## Waa maxay papillomavirus bani'aadamku?

HPV waa fayras guud oo ku dhaca dumarka iyo raga. Waa mid guud oo ku dhacaya hal mar ama wax hal mar ka badan oo dhaca wax yar ka dib marka nashaadka galmadu bilowdo. infekshinada HPV badidiisu ma dhaliyo wax astaamo ah

## Waa maxay faa'iidada tallaalka HPV?

Tallaalka HPV GARDASIL® wuxuu ilaaliyaa laba nooc oo ah HPV oo keena boqolkiiba 70 kansarka ilmo galeenka dumarka iyo boqolkiiba 90 HPV kansarka la xiriira raga. Wuxuu sidoo kale ilaalinayaa laba nooc oo dheeraad HPV ah oo dhaliya boqolkiiba 90 cadhada ferjiga.

Tallaalku wuxuu ku siinayaa ilaalinta ugu wanaagsan marka la siiyo qof ka hor firfircoonida galmada. Tallaalku wuxuu ka hortegayaa cudurka laakiinse ma daaweynayo infekshinka HPV ee jira.

## Sidee baa tallaalka loo bixiyaa?

Tallaalka HPV wuxuu ka kooban yahay saddex cirbadood oo lagaa siinayo xagga kore ee gacanta ilaa xili lix bilood ah.

## Ilaa intee buu qaadanayaa ilaalinta tallaalku?

Daraasado dhow ayaa muujiyey ka ilaalinta wanaagsan ee HPV. daraasadaha waa soconayaa si ay u go'aaminyaan haddii doosaha xoojiyaha ah uu lagama maarmaan yahay mustaqbalka.

## Waa side ammaanimada tallaalka HPV?

Waa ammaan waana loo adkeysan karaa. Aduunka oo dhan malaayiin dooso ayaa la bixiyey. Tallaalka ma laha HPV laakiinse u eg fayraska saa daraadeed jirku wuxuu soo saaraa wax iska difaaca, oo ka hortagaya infekshinka HPV.

## Gabdhuhu ma u baahan doonaan baaritaanada iskiriingareynta ilmogaleenka noloshooda danbe?

Haa, sababtoo ah tallaalku kama hortegayo dhammaan noocyada infekshinka HPV ee keena kansarka ilmogaleenka, baaritaanada iskiriingarenta ilmogaleenka weli waa u muhiim dumarka noloshooda dembe. Baaritaanada iskiriingarenta Ilmogaleenka waa lagula talinayaa dhammaan dumarka labadii sannoba, laga bilaabo da'da 18 ama laba sanno ka dib markay galmo ahaan firfircoonaadaan, mid alaale midkii danbeeya. Sameynta baaritaanada iskiriingarenta ilmogaleenka joogtada ah waxay sii yareysaa khatartii aad ku yeelan layd kansarka ilmogaleenka.

**Turjumaada afka iyo qoraalka wac 131 450**

Interpreter

IMMUNISE

## Waa maxay waxyeelada suurtogalka ah.

### Waxyeelada guud

- Xannuun, casaan iyo bararka meesha cirbada
- Buro yar oo ku meelgaar ah ee meesha cirbada
- Xumad heer hoose ah
- Xannuun dareemida
- Madax xannuun
- Waxaa laga yaabaa inay suuxdini dhacdo ilaa 30 daqiiqo tallaal kasta ka dib

Haddii falcelin fududi dhacdo, waxaa lagu yareyn karaa waxyeelada iyadoo:

- Cabitaanka badan iyo inaadan qaadan dhar badan haddii aad xumad leedahay
- Saarida marro qoyan meesha cirbada e ku xannuuneysa
- Qaadashada paracetamol si aad u yareyso raaxo darada

### Waxyeelada aan caamka aheyn

- Finanka yar yar ama furuuruca

Waxaa lagu talinayaa in cid kasta oo finan leh ama furuuruc tallaalka ka dib waa inay la hadlaan cidda bixisay tallaalka ka hor intaysan qaadan doosooyin intaa ka sii badan ee isla tallaalkaas.

### Waxyeelada dhifka ah

- Falcelinta xasaasiyad daran. Tusaale bararka wejiga, adkaanta neefsiga

Haddii ay dhacdo xasaasiyad darani falcelin, waxaa la bixin doonaa daaweyn islamarkiiba. Haddii falcelintu ay tahay mid daran ama soo noqnoqota, ama haddii aad welwelsan tahay, la xiriir dhakhtarkaaga ama isbitaalka.

## Liiska hubinta ee ka horeya tallaalka

Ka hor intaan ilmahaaga la tallaalin, u sheeg dhakhtarkaaga ama kalkaalisada haddii wax kuwan ka mid ahi ay ku khuseyso.

- oo uusan fiicneyn maalinta tallaalka (heerkulkuna ka koreeyo 38.5°C)
- uu u lahaa falcedlin daran tallaal kasta
- uu leeyahay xasaasiyad daran sida falcelinta anaphylactic faxiyaha
- aad uur leedahay

Tallaalka kadib ku sug meesha lagugu tallaalo ugu yaraan 15 daqiiqo.

## Wixii macluumaad dheeraad ah

www.betterhealth.vic.gov.au

www.hpvvaccine.org.au

www.cancerscreening.gov.au

www.hpvregister.org.au

immunehero.health.vic.gov.au

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## Sidii aad u buuxin lahayd foomka

Fadlan akhri macluumaadka

Buuxi foomka xitaa haddii aan tallaalka la siineyeynin.

Ka jeex foomka oo ku soo celi dugsiga

### Dhammaan carruurta

Fadlan ku buuxi faahfaahinta ilmaha.

### Ka dib

Buuxi qaybtan haddii aad dooneysid in ilmahaaga la tallaalo.

### Ama

Buuxi qaybtaan haddii aadan dooneynin in ilmahaaga la tallaalo.

## Foomka ka raali ahaanshaha tallaalka bani'aadamka papillomavirus (HPV)

Waxaa lagula talinayaa carruurta Fasalada 7aad ee dugsiga sare

Fadlan akhri macluumaadka
Buuxi foomka xitaa haddii tallaalka aan la siineynin.
Ka jeex foomka oo ku soo celi dugsiga.

**Faahfaahinta ardeyga**

Medicare no.: 1234 56789 3 4 (number beside child's name)

Magaca qoyska: CITIZEN Magac Koowaad: MARK

Cinwaanka degaanka: 20 BLOCK STREET MELBOURNE

Tixraaca boosta: 3000 Taariikhda dhalashada: 18/10 /2000 Jinsiga: ☑ Dumar ☐ Rag

Dugsiga: BLOCK HIGH SCHOOL Koox guriyeedka (homegroup): 7A

Qofkani ma Aboriginal ama Torres Strait Islander asal ahaan? (fadlan sax)

☑ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal iyo Torres Strait Islander

**Faahfaahinta xiriirka masuulka/waalidka**

Magaca qoyska: CITIZEN Magaca koowaad: SUSAN

Iimeyl: parentorguardian@internetprovider.com

Taleefanka maalintii:9123 4567 Taleefanka gacanta: 0404 123 456

**Masuulka/waalidka, fadlan saxiix haddii aad ogolaatay in ilmahaagu ku qaato tallaalka baniäadamka papillomavirus (HPV)ndugsiga**

Waan akhriyey oo fahmay macluumaadka laysiiyey ee ku saabsan tallaalka, oo uu ka midka yahay khataraha cudurka iyo waxyeelaada tallaalka. Waxaan fahmay inaan bixinayo ka raalli ahaanshaha in la siiyo dooska ah HPV tallaalka in la siiyo afar ilaa lix bilood. Waxaa laysiiyey fursad aan kala hadlo tallaalka cidda bixineysa. Waxaan fahmay inaan ka noqon karto ka raalli ahaanshaha wakhti kasta ka hor intaan tallaalka la bixin. Waxaan fahamsan ahay in tallaal bixiyuhu uu ku keydin doono faahfaahinta tallaalka iyo in faahfaahinta tallaalka ilmaheygu loo gudbin doono Diiwaanka Barnaamijka Tallaalka Qaranka HPV.

☐ **HAA, RAALI BAAN KA AHAY tallaalka Bani'aadamka papillomavirus (HPV)** (fadlan sax)

Waan u idman ahay inaan bixiyo ka raalli ahaanshaha ilmahaas kore in la tallaalo.

Magaca waalidka ama masuulka (fadlan daabac):

Saxiixa masuulka/waalidka: Taariikhda: / /

**Maya Raali kama ahi tallaalka HPV.**

Ka dib markaad akhriyey macluumaadka lay siiyey, ma doonayo in ilmahayga lagu tallaalo tallaalka HPV.

Saxiixa masuulka/waalidka: Taariikhda: / /

**Qoraalka arimaha gaarka ah.** Barnaamijka Tallaalka Dugsiga Saree e Fasalka 7aad waxaa maalgeliyey dawladaha Victoria iyo Australia waxaana fulinayo golayaasha degaanka. *Sida waafaqsan Xeerka 2008 ee Fiyoobaanka iyo Caafimaadka Dadweynaha*, golayaasha degaanka ayaa ka masuul ah xiririnta iyo bixinta adeegyada tallaalka carruurta wax lagu barro degmada minishibiyada dhexdeeda. Golayaasha degaanka way ka go'an tahay ilaalinta arimaha gaarka, qarsoonida iyo nabad gelyada macluumaadka shakhsiyadeed, sida waafaqsan Xeerka 2014 ee Ilaalinta Macluumaadka iyo Arimaha gaarka ah iyo Xeerka 2001 ee Diiwaanada Caafimaadka.

Golayaasha degaanku waxay ka soo warbixiyaan dhammaan tallaalada dhalinyarada qaangaarka ee lagu siiyey barnaamijka dugsiga ee Diiwaanka Tallaalka Dugsiga Australia (ASVR). Faahfaahinta shakhsiyadeed ee muujinaysa waxaa laga dhigi doona mid qarsoon. Tan waxay siin doontaa aalad sida nidaamyada xusuusinta iyo did u yeerida si loo hagaajiyo heerarka tallaalka dhalinyarada. Tani waa muhiim si loo hagaajiyo guud ahaan heerarka tallaalka. Shakhsiyaadku waxay isticmaali doonaan diiwaankooda ee dhammaan tallaalada ku diiwaangashan Diiwaanka Tallaalka Australia iyo ASVR. Macluumaadka tallaalka oo laysku wada daray ayaa laga yaabaa in loo sheego Dawlada Victoria ujeedadeeduna tahay la socodka, maalgelinta iyo hagaajinta Barnaamijka Tallaalka Dugsiga Saree e Fasalka 7aad. Macluumaadkan ma lagu garanayo shakhsina.

Macluumaadka la xiriira adiga ama ilmahaaga waxaa loo isticmaali doona ama loo muujin doona ujeedooyin si toos ah ula xiririra awgood tallaalka ilmahaaga, iyo siyaalo aad macquul ahaan fili doonta. Tan waxaa laga yaabaa inay ka mid tahay u gudbinta ama isdhaafsiga GP –ga macluumaadka la xiririra, ilmahaaga GP-giisa, adeeg caafimaad oo kale oo daweynaya ama isbitaal ama gole degaan oo kale. Golaha degaanka waxaa laga yaabaa inay kugu siiyaan macluuaad la xiririra barnaamijka tallaalka dugsiga SMS ama iimeyl. Waxaad heli kartaa macluumaadka ilmahaaga adoo la xiririraya golaha degaanka meesha ilmahaagu uu ka dhigta dugsiga.

Xafiiska kaliya ayaa isticmaalaya:

| | |
|---|---|
| Taariikhda dosaha 1aad: Xarfaha ugu horeeya ee magaca | Taariikhda dosaha 2aad: Xarfaha ugu horeeya ee magaca |
| | Taariikhda dosaha 3aad: Xarfaha ugu horeeya ee magaca |

Si aad ugu hesho dukumiintigaan qaab la isticmaali karo iimeyl u soo dir: immunisation@health.vic.gov.au

Waxaa idmay oo daabacay Dawlada Victoria, 1 Treasury Place, Melboaurne, © Wasaaradda Caafimaadka, Luulyo 2016 (1607016)

# Foomka ka raali ahaanshaha tallaalka bani'aadamka papillomavirus (HPV)

Waxaa lagula talinayaa carruurta Fasalada 7aad ee dugsiga sare

Fadlan akhri macluumaadka
Buuxi foomka xitaa haddii tallaalka aan la siineynin.
Ka jeex foomka oo ku soo celi dugsiga.

## Faahfaahinta ardeyga

Medicare no.: ☐☐☐☐ ☐☐☐☐☐ ☐☐ ☐ (number beside child's name)

Magaca qoyska: Magac Koowaad:

Cinwaanka degaanka:

Tixraaca boosta: Taariikhda dhalashada: / / Jinsiga: ☐ Dumar ☐ Rag

Dugsiga: Koox guriyeedka (homegroup):

Qofkani ma Aboriginal ama Torres Strait Islander asal ahaan? (fadlan sax)

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal iyo Torres Strait Islander

## Faahfaahinta xiriirka masuulka/waalidka

Magaca qoyska: Magaca koowaad:

Iimeyl:

Taleefanka maalintii: Taleefanka gacanta:

## Masuulka/waalidka, fadlan saxiix haddii aad ogolaatay in ilmahaagu ku qaato tallaalka baniáadamka papillomavirus (HPV)ndugsiga

Waan akhriyey oo fahmay macluumaadka laysiiyey ee ku saabsan tallaalka, oo uu ka midka yahay khataraha cudurka iyo waxyeelada tallaalka. Waxaan fahmay inaan bixinayo ka raalli ahaanshaha in la siiyo dooska ah HPV tallaalka in la siiyo afar ilaa lix bilood. Waxaa laysiiyey fursad aan kala hadlo tallaalka cidda bixineysa. Waxaan fahmay inaan ka noqon karto ka raalli ahaanshaha wakhti kasta ka hor intaan tallaalka la bixin. Waxaan fahamsan ahay in tallaal bixiyuhu uu ku keydin doono faahfaahinta tallaalka iyo in faahfaahinta tallaalka ilmaheygu loo gudbin doono Diiwaanka Barnaamijka Tallaalka Qaranka HPV.

☐ **HAA, RAALI BAAN KA AHAY tallaalka Bani'aadamka papillomavirus (HPV)** (fadlan sax)

Waan u idman ahay inaan bixiyo ka raalli ahaanshaha ilmahaas kore in la tallaalo.

Magaca waalidka ama masuulka (fadlan daabac):

Saxiixa masuulka/waalidka: Taariikhda: / /

**Maya Raali kama ahi tallaalka HPV.**

Ka dib markaad akhriyey macluumaadka lay siiyey, ma doonayo in ilmahayga lagu tallaalo tallaalka HPV.

Saxiixa masuulka/waalidka: Taariikhda: / /

**Qoraalka arimaha gaarka ah.** Barnaamijka Tallaalka Dugsiga Saree e Fasalka 7aad waxaa maalgeliyey dawladaha Victoria iyo Australia waxaana fulinaya golayaasha degaanka. *Sida waafaqsan Xeerka 2008 ee Fiyoobaanka iyo Caafimaadka Dadweynaha*, golayaasha degaanka ayaa ka masuul ah xiriirinta iyo bixinta adeegyada tallaalka carruurta wax lagu barro degmada minishiibiyada dhexdeeda. Goloyaasha degaanka way ka go'an tahay ilaalinta arimaha gaarka, qarsoonida iyo nabad gelyada macluumaadka shakhsiyadeed, sida waafaqsan Xeerka 2014 ee Ilaalinta Macluumaadka iyo Arimaha gaarka ah iyo Xeerka 2001 ee Diiwaanada Caafimaadka.

Golayaasha degaanku waxay ka soo warbixiyaan dhammaan tallaalada dhalinyarada qaangaarka ee lagu siiyey barnaamijka dugsiga ee Diiwaanka Tallaalka Dugsiga Australia (ASVR). Faahfaahinta shakhsiyadeed ee muujinaysa waxaa laga dhigi doona mid qarsoon. Tan waxay siin doontaa aalad sida nidaamyada xusuusinta iyo did u yeerida si loo hagaajiyo heerarka tallaalka dhalinyarada. Tani waa muhiim si loo hagaajiyo guud ahaan heerarka tallaalka. Shakhsiyaadku waxay isticmaali doonaan diiwaankooda ee dhammaan tallaalada ku diiwaangashan Diiwaanka Tallaalka Australia iyo ASVR. Macluumaadka tallaalka oo laysku wada daray ayaa laga yaabaa in loo sheego Dawlada Victoria ujeedadeeduna tahay la socodka, maalgelinta iyo hagaajinta Barnaamijka Tallaalka Dugsiga Saree e Fasalka 7aad. Macluumaadkan ma lagu garanayo shakhsina.

Macluumaadka la xiriira adiga ama ilmahaaga waxaa loo isticmaali doona ama loo muujin doona ujeedooyin si toos ah ula xiriira awgood tallaalka ilmahaaga, iyo siyaalo aad macquul ahaan fili doonto. Tan waxaa laga yaabaa inay ka mid tahay u gudbinta ama isdhaafsiga GP –ga macluumaadka la xiriira, ilmahaaga GP-giisa, adeeg caafimaad oo kale oo daweynaya ama isbitaal ama gole degaan oo kale. Golaha degaanka waxaa laga yaabaa inay kugu siiyaan macluuaad la xiriira barnaamijka tallaalka dugsiga SMS ama iimeyl. Waxaad heli kartaa macluumaadka ilmahaaga adoo la xiriiraya golaha degaanka meesha ilmahaagu uu ka dhigta dugsiga.

Xafiiska kaliya ayaa isticmaalaya:

Taariikhda dosaha 1aad: Xarfaha ugu horeeya ee magaca

Taariikhda dosaha 2aad: Xarfaha ugu horeeya ee magaca

Taariikhda dosaha 3aad: Xarfaha ugu horeeya ee magaca

# Human papillomavirus (HPV) 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.

- 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.

## What is human papillomavirus?

HPV is a very common virus in men and women. It is very common to be infected with one or more types of HPV shortly after sexual activity starts. Most HPV infections cause no symptoms and are cleared from the body in less than a year without the person knowing they were infected. Some types of HPV can cause genital warts and some cancers. These cancers include cervical cancer in women, cancers of the genital area in men and women, and some cancers of the mouth and throat.

## What are the benefits of receiving the HPV vaccine?

The HPV vaccine GARDASIL® protects against two HPV types which cause 70 per cent of cervical cancer in women and 90 per cent of HPV-related cancers in men. It also protects against an additional two HPV types which cause 90 per cent of genital warts.

The vaccine provides best protection when it is given to someone before they become sexually active. The vaccine prevents disease but does not treat existing HPV infections.

## How is the vaccine given?

The HPV vaccine consists of three injections given into the upper arm over a six month period.

## How long will vaccine protection last?

Recent studies have shown good continuing protection against HPV. Studies are ongoing to determine if a booster dose will be necessary in the future.

## How safe is the HPV vaccine?

It is safe and well tolerated. Worldwide millions of doses have been given. The vaccine does not contain HPV but appears similar enough to the virus so that the body produces antibodies, which prevent HPV infection.

## Will girls need cervical screening tests later in life?

Yes, because the vaccine doesn't prevent all types of HPV infection that cause cervical cancer, cervical screening tests are still essential for women later in life. Cervical screening tests are recommended for all women every two years, starting at age 18 or two years after first becoming sexually active, whichever is later. Having regular cervical screening tests further reduces the risk of developing cervical cancer.

**Translating and interpreting service**
**Call 131 450**

Interpreter

IMMUNISE AUSTRALIA PROGRAM
An Australian, State and Territory Governments initiative

## What are the possible side effects?

### Common side effects

- Pain, redness and swelling at the injection site
- A temporary small lump at the injection site
- Low grade fever
- Feeling unwell
- Headache
- Fainting may occur up to 30 minutes after any vaccination.

If mild reactions do occur, 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

- Rash or hives

It is recommended that anyone who has a rash or hives after a vaccine should talk with their immunisation provider before having further doses of that same vaccine.

### Rare side effect

- A severe allergic reaction, for example facial swelling, difficulty breathing

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 had a severe reaction to any vaccine
- Has any severe allergies such as an anaphylactic reaction to yeast
- Is pregnant.

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

## Further information

www.betterhealth.vic.gov.au

www.hpvvaccine.org.au

www.cancerscreening.gov.au

www.hpvregister.org.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

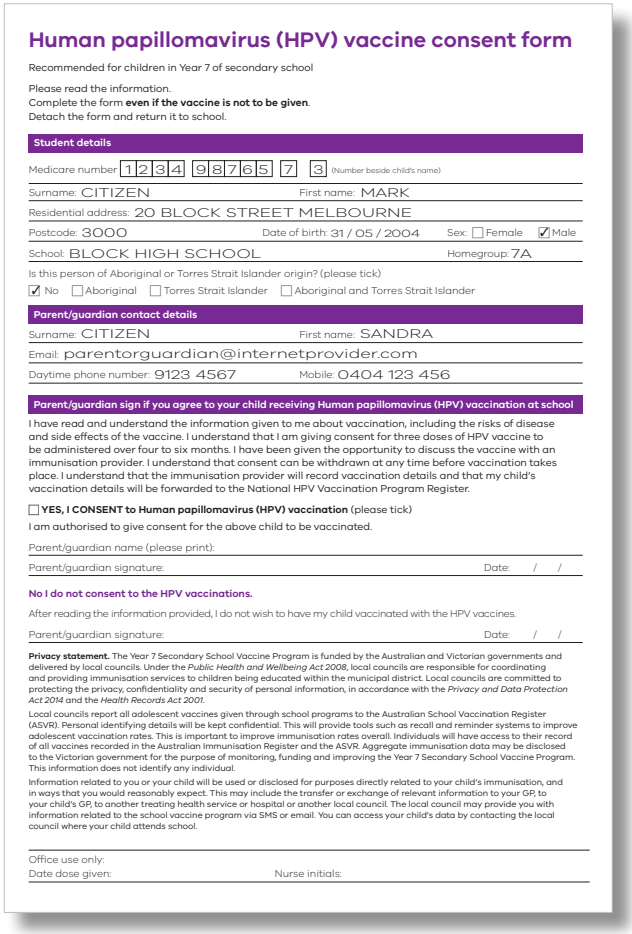
Please complete with the details of the child.

### 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.



**Human papillomavirus (HPV) 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 1 2 3 4 9 8 7 6 5 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 sign if you agree to your child receiving Human papillomavirus (HPV) vaccination 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 three doses of HPV vaccine to be administered over four to six months. 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. I understand that the immunisation provider will record vaccination details and that my child's vaccination details will be forwarded to the National HPV Vaccination Program Register.

☐ **YES, I CONSENT to Human papillomavirus (HPV) vaccination** (please tick)

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

Parent/guardian name (please print):

Parent/guardian signature: Date: / /

**No I do not consent to the HPV vaccinations.**

After reading the information provided, I do not wish to have my child vaccinated with the HPV vaccines.

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:

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.

© State of Victoria, July 2016 (1607016)

# Human papillomavirus (HPV) 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 sign if you agree to your child receiving Human papillomavirus (HPV) vaccination 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 three doses of HPV vaccine to be administered over four to six months. 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. I understand that the immunisation provider will record vaccination details and that my child's vaccination details will be forwarded to the National HPV Vaccination Program Register.

☐ **YES, I CONSENT to Human papillomavirus (HPV) vaccination** (please tick)

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

Parent/guardian name (please print):

Parent/guardian signature: Date: / /

**No I do not consent to the HPV vaccinations.**

After reading the information provided, I do not wish to have my child vaccinated with the HPV vaccines.

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: