

# 中學 7 年級疫苗接種計劃同意表

填妥後請交回學校

## 如何填寫這份表格

1. 閱讀所提供的資料。
2. 填寫每個疫苗接種計劃的疫苗接種同意表，如果同意，請簽名或書寫您的姓名。
3. 將同意表交回學校 (即使您拒絕讓孩子接種疫苗也請填寫本表並交回)。

可聯絡您的地方市政府來了解詳情。請參閱 **Further information** 「更多資訊」部份。

## 人類乳突病毒(HPV)資訊

### 什麼是人類乳突病毒 (Human papillomavirus) ?

HPV 是男性與女性身上極為常見的病毒。在開始性行為後不久感染一種或多種類型 HPV 病毒的情況十分普遍。大部份 HPV 病毒感染不會出現任何症狀，並會在本人不知道被感染的情况下在一年內自動消除。有些類型的 HPV 可導致生殖器疣和某些癌症。這些癌症包括女性的宮頸癌，男性和女性生殖器部位的癌症，和某些口腔和喉部癌症。

### 接種 HPV 疫苗有哪些好處？

HPV 疫苗 GARDASIL®9 防護七種人類乳突病毒，這七種 HPV 病毒是導致 90% 以上女性患有宮頸癌和 90% 以上男性患有 HPV 相關癌症的原因。HPV 疫苗還可防護另外兩種導致 90% 生殖器疣的 HPV 病毒。HPV 疫苗在年齡較輕時，或在性行為活躍前接種可以提供最佳保護。該疫苗可以預防疾病，但不能治療已存在的 HPV 感染。

讓孩子接種疫苗可以預防他們感染導致癌症的病毒。

### 如何接種疫苗？

14 歲以下的兒童接種第一劑，HPV 病毒疫苗分兩次在上臂注射，第二劑至少要在第一劑注射後六個月接種。請閱讀《接種疫苗前檢查表》，查看您的孩子是否需要注射三劑。

### 疫苗效力會持續多久？

近期的研究顯示，迄今為止該疫苗已持續 10 年有效防護 HPV。目前仍在進行研究，以確定將來是否有必要接種加強劑量的疫苗，不過應該不會。

### HPV 疫苗有多安全？

HPV 疫苗是安全且耐受性良好，過去十年在世界各地已經注射了超過 2 億劑。該疫苗不含 HPV 病毒，但與病毒極為類似，足以使身體產生防護 HPV 感染的抗體。

### 女孩們日後須要做宮頸癌篩查嗎？

須要做，因為該疫苗不能預防導致宮頸癌的所有 HPV 類型病毒。宮頸癌篩查在女孩日後生活仍然非常重要。定期做宮頸癌篩檢可加強降低罹患宮頸癌的風險。

## 可能產生什麼副作用？

### 常見副作用

這些副作用顯示您孩子的免疫系統對疫苗產生反應。

- 注射部位疼痛紅腫
- 注射部位出現暫時性的小腫塊
- 低度發燒
- 感到身體不適
- 頭痛
- 注射任何疫苗後 30 分鐘內可能出現暈眩。

若出現輕度反應，可通過以下方法減輕副作用：

- 多喝液體，如果發燒，不要穿過多衣服
- 服用撲熱息痛 (paracetamol)，用冷的濕布敷在酸痛的注射部位上。

### 不常見副作用

- 皮疹或蕁麻疹

任何人在注射疫苗後出現皮疹或蕁麻疹，應在下次接種同一疫苗之前，告知其免疫接種提供者。

### 罕見副作用

- 嚴重過敏反應，如面部腫脹、呼吸困難。

如出現嚴重過敏反應，我們會立刻治療。若反應嚴重或持續，或者擔心孩子的狀況，請聯絡醫生或醫院。

## 接種疫苗前檢查清單

有些孩子須要接種三劑 Gardasil®9 疫苗。

為確保您的孩子接種三劑疫苗之間有正確間隔時間，家長必須帶孩子前往當地市政府的免疫接種服務處，或您的 GP(家庭醫生) 接種。

三劑 Gardasil®9 疫苗適用於：

- 15 歲或以上的兒童
- 患病或正在接受治療（如：艾滋病毒/艾滋病、類風濕關節炎、癌症、放射治療、化療或重大免疫抑制治療）而導致低免疫力的兒童。

在孩子接種疫苗前，如有以下情況，應告知醫生或護士：

- 接種當天身體不適（體溫超過 38.5°C）
- 曾對其他疫苗產生嚴重反應
- 有其他嚴重的過敏症，如對酵母產生過敏反應
- 已懷孕。

接種疫苗後在接種處等候至少 15 分鐘才離開。

# 白喉、破傷風和百日咳資訊

## 白喉

白喉是由口腔、咽喉及鼻腔裡的細菌引發的疾病。白喉症會導致咽喉內產生一層薄膜。這層薄膜造成吞嚥和呼吸困難，甚致導致窒息。

白喉病菌產生一種毒素，這種毒素會散布全身，引起如癱瘓和心臟衰竭等嚴重併發症。大約 10% 白喉症患者死于該病。

白喉症會經由患者咳嗽及打噴嚏傳播。

## 破傷風

破傷風是通過存在於泥土、塵埃和糞肥中的細菌引發的疾病。

細菌可以經由如針尖細小的傷口進入人體。破傷風不會在人與人之間傳播。

破傷風是一種破壞神經系統的常見致命疾病。破傷風會導致肌肉痙攣，其痙攣通常由頸部和下巴開始，並可以引致呼吸困難、疼痛的痙攣和心律失常。

由於有效的疫苗，破傷風在澳洲非常罕見，但仍然出現在從未接種過破傷風疫苗，或沒有注射加強劑的成年人身上。

## 百日咳

百日咳是一種影響氣管和呼吸的高度傳染性疾病。該疾病會引發嚴重的咳嗽痙攣，咳嗽痙攣後經常出現嘔吐而咳嗽可以延續幾個月。

百日咳可以透過患者的咳嗽或噴嚏傳染。

源於疾病和疫苗對百日咳的預防性會隨著時間降低，因此建議介於 11 至 13 歲的青少年注射百日咳疫苗加強劑，以保持免疫力至成年。

## 白喉 - 破傷風 - 百日咳加強疫苗

白喉 - 破傷風 - 百日咳加強疫苗含有少量白喉和破傷風毒素，但這些毒素已經改良不會產生危害，此外還有少量純化的百日咳成分，小量鋁鹽和防腐劑。

與兒童疫苗相比，加強疫苗含有較低的濃縮物，尤其是白喉和百日咳成分。

該疫苗對青少年均安全且耐受性良好。

這種複合疫苗可以在接種含破傷風的疫苗後隨時接種。

## 白喉 - 破傷風 - 百日咳加強疫苗可能產生的副作用

大部份副作用都很輕微而且迅速消失。即使發生下述反應，這些副作用繼注射後會很快出現。

## 常見副作用

以下這些情況表示您孩子的免疫系統在對疫苗做出反應。

- 輕度發燒
- 注射部位疼痛紅腫
- 注射部位出現暫時性小腫塊
- 感到不適
- 可能在接種疫苗後 30 分鐘之內出現暈眩。

如果出現輕度反應，可用以下措施減低副作用：

- 多喝液體，如果發燒，不要穿過多衣服
- 服用撲熱息痛 (paracetamol)，用冷的濕布敷在酸痛的注射部位上。

## 極罕見副作用

- 臂叢神經炎（肩部和上臂劇烈疼痛）
- 嚴重過敏反應

若出現嚴重過敏反應，我們會立刻治療。假如反應嚴重或持續，或擔心孩子的狀況，請聯絡醫生或醫院。

## 接種疫苗前檢查清單

在您孩子接種疫苗前，如有以下情況，請告知醫生或護士。

- 接種疫苗當天感到不適（體溫超過 38.5°C）
- 有其他嚴重過敏症
- 接種其他疫苗後曾出現嚴重反應
- 已懷孕。

接種疫苗後在接種處等候至少 15 分鐘才離開。

## 更多資訊

如需更多建議或資訊，請聯絡您當地市政府免疫接種服務處，或當地醫生。

或瀏覽以下網址：

[Better Health Channel](http://www.betterhealth.vic.gov.au) <<http://www.betterhealth.vic.gov.au>>

[Immunise Australia Program](http://www.immunise.health.gov.au) <<http://www.immunise.health.gov.au>>

翻譯及傳譯服務（TIS）請致電 131 450

## 什麼是全國免疫接種計劃？

全國免疫接種計劃由澳洲政府、州政府和地方市政府聯合創辦，旨在保護社區免受疫苗可預防的疾病。計劃的其中部分是為 7 年級中學生提供免費疫苗並建議他們接種。

建議 7 年級中學生接種的疫苗如下：

- 人類乳突病毒(HPV)疫苗 (分兩次在上臂注射，每次間隔六個月)
- 白喉 - 破傷風 - 百日咳疫苗 (在上臂注射一劑)。

地方市政府免疫接種服務處聘雇的免疫接種護士負責管理疫苗，他們每年到訪維州各中學數次。

## 為什麼我應該讓孩子接種疫苗？

- 接種疫苗是防止許多傳染病傳播最安全、最有效的方法。
- 某些在幼年時期接種的疫苗效力逐漸消退，須要在青少年時期加以強化，而對其他疫苗而言，青少年時期是接種疫苗的最佳時刻。
- 疫苗不但保護您的孩子免於傳染病的侵害，而且為社區在長遠健康方面提供重要利益。
- 若社區裡有足夠居民接種疫苗，疾病就不能再在社區出現人傳人的傳播。
- 在澳洲，醫療用品管理局 (TGA) 負責登記疫苗的使用。TGA 設有監控系統，監控和報告免疫接種後的不良事件。

若改變主意，您可以隨時聯絡當地市政府撤回同意，詳情請參閱 Further information 「更多資訊」部份。

## 接種疫苗當天注意事項：

- 您的孩子應該吃早餐
- 您的孩子應該穿容易將上臂露出的上衣
- 您的孩子可能有多次注射 --- 這不會增加副作用的風險
- 若您的孩子感到焦慮，請告訴免疫接種職員
- 每劑疫苗的接種紀錄都會交給您的孩子，請將其妥善保存。

## 同意表：

### 接種人類乳突病毒 (HPV) 疫苗同意表 及白喉 - 破傷風 - 百日咳加強疫苗同意表

#### 學生資料

Medicare (醫療保健卡) 號碼 (包括孩子姓名旁邊的數字) (如果您沒有 Medicare (醫療保健卡) 也可以接種疫苗)	
姓	
名	
住址	
郵政編碼	
出生日期	
性別	<請列明性別>
學校名	
班級	

是否屬原住民或托雷斯海峽島民？請在所選答案後打“X”

不是	
原住民	
托雷斯海峽島民	
原住民及托雷斯海峽島民	

#### 父母或監護人資料

父母或監護人姓名	
日間電話	
手機	
電郵	

#### 接種疫苗同意書

聲明：本人獲授權同意或不同意我的孩子接種疫苗，在表示同意之同時，本人理解我的孩子將接種兩種不同的疫苗：白喉 - 破傷風 - 百日咳加強疫苗及人類乳突病毒 (HPV) 疫苗。本人已閱讀並明白提供給我的疫苗接種資訊，其中包括不接種疫苗所冒的風險和接種疫苗的副作用。本人知道，我可以與我當地市政府或醫生討論接種疫苗的風險和益處。我明白我可以在接種疫苗之前隨時撤銷同意。

#### 人類乳突病毒(HPV)疫苗

請在所選答案後打“X”

同意，我同意我的孩子在學校接種兩針劑 HPV 疫苗 (注射兩針劑，間隔 6 個月)。	
如在上項選擇「同意」，請簽名或書寫您的姓名。	

簽署同意表日期。					
不同意，我不同意我的孩子在此時接種 HPV 疫苗。					
不同意，我的孩子已在別的地方接種過 HPV 疫苗。					
若是您的孩子已在其他地方接種 HPV 疫苗，請註明每劑接種的日期：					
第一劑：		第二劑：		第三劑： (如適用)	

## 白喉 - 破傷風 - 百日咳加強疫苗

請在所選答案後打“X”。

同意，我同意我的孩子在學校接種白喉 - 破傷風 - 百日咳加強疫苗（一針劑）		
如在上項選擇「同意」，請簽名或書寫您的姓名。		
簽署同意表日期。		
不同意，我不同意我的孩子在此時接種白喉 - 破傷風 - 百日咳加強疫苗。		
不同意，我的孩子已在別的地方接種白喉 - 破傷風 - 百日咳加強疫苗。		

若您讓您的孩子接種疫苗，請在此填寫任何已存在的病症、嚴重過敏症或以前對疫苗接種後發生嚴重反應。

## 隱私權聲明

「七年級中學生疫苗注射計劃」由澳洲和維州政府資助，並由各地市政府執行。根據《2008 年公共衛生與福祉法》(Public Health and Wellbeing Act 2008)，各地市政府負責為市政區內受教育的兒童協調及提供免疫接種服務。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)，地方政府致力維護個人資料的隱私、保密和安全。

地方政府會就通過學校項目所提供的疫苗事宜向「澳洲免疫接種註冊處 (AIR)」報告。可辨識個人身份資料均將保密。這些資料除了用於為所有維州兒童提供具針對性的改進健康服務，並且可以啟用工具如「召回」和「提醒」系統提高疫苗注射率。這對於全面提高免疫率很重要。接種者可以查閱其在 AIR 疫苗接種登記處的所有疫苗接種記錄。疫苗接種的綜合數據也許會向維州政府披露，以作監控、資助和改善中學七年級疫苗項目用途。此資訊不含可識別個人資料。

與您或您的孩子相關的資料，僅會在直接關乎您孩子的免疫接種才會使用或披露，而且以您期望的合理方法執行。這可能包括轉交或互換相關資料給您的 GP 或孩子的 GP，給另一個醫療服務機構或醫院，或另一個市政府。市政府或許會透過 SMS 或電郵，為您提供學校疫苗接種計劃的資訊。如要獲取您孩子的數據，請聯絡您孩子就讀學校所在的市政府。

## 僅供機構填寫

疫苗	接種日期	護士名縮寫	接種處：左／右臂
HPV 第一劑：			
HPV 第二劑：			

疫苗	接種日期	護士名縮寫	接種處：左／右臂
白喉 - 破傷風 - 百日咳			

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# Year 7 Secondary School Vaccine Program consent form

Complete, sign and return to school

## How to complete the form

1. Read the information provided.
2. Complete the Vaccine consent section for each vaccine program and sign or type your name if a Yes.
3. Return the consent sections to the school even if you do not want your child to be vaccinated.

Contact your local council for more information. See the Further information section.

## Human papillomavirus (HPV) information

### 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®9 protects against seven HPV types which cause over 90 per cent of cervical cancer in women and over 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 given at a younger age and when it is given to someone before they become sexually active. The vaccine prevents disease but does not treat existing HPV infections.

By vaccinating your child you are preventing them from being infected with a cancer-causing virus.

### How is the vaccine given?

For children aged 14 years and under at the time of the first dose, the HPV vaccine consists of two injections given into the upper arm with the second dose given at least six months after the first. Please read the pre-immunisation checklist to see if your child needs three doses.

### How long will vaccine protection last?

Recent studies have shown good continuing protection against HPV lasting for over 10 years to date. Studies are ongoing to determine if a booster dose will be necessary in the future but this is not thought to be likely.

### How safe is the HPV vaccine?

It is safe and well tolerated. Worldwide over 200 million doses have been given over the last decade. 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. Having regular cervical screening tests further reduces the risk of developing cervical cancer.

## What are the possible side effects?

### Common side effects

These indicate that your child's immune system is responding to the vaccine.

- 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, 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.

### 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

Some children need a three-dose course of Gardasil®9 vaccine.

To ensure your child receives the correct spacing of the three doses, your child must attend their GP or a local council immunisation service.

Three doses of Gardasil®9 vaccine are recommended for:

- a child aged 15 years or over
- a child who has a disease or is having treatment which causes low immunity (for example HIV/AIDS, rheumatoid arthritis, cancer, radiotherapy, chemotherapy or significant immunosuppressive treatment).

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.**

# Diphtheria, tetanus and whooping cough information

## Diphtheria

Diphtheria is caused by bacteria which are found in the mouth, throat and nose. Diphtheria causes a membrane to grow around the inside of the throat. This can make it difficult to swallow, breathe and can even lead to suffocation.

The bacteria produce a poison which can spread around the body and cause serious complications such as paralysis and heart failure. Around 10 per cent of people who contract diphtheria die from it.

Diphtheria can be caught through coughs and sneezes from an infected person.

## Tetanus

Tetanus is caused by bacteria which are present in soils, dust and manure.

The bacteria can enter the body through a wound which may be as small as a pin prick. Tetanus cannot be passed from person to person.

Tetanus is an often fatal disease which attacks the nervous system. It causes muscle spasms first felt in the neck and jaw muscles. Tetanus can lead to breathing difficulties, painful convulsions and abnormal heart rhythms.

Because of the effective vaccine, tetanus is now rare in Australia, but it still occurs in adults who have never been immunised against the disease or who have not had their booster vaccines.

## Whooping cough

Whooping cough is a highly contagious disease which affects the air passages and breathing. The disease causes severe coughing spasms. Coughing spasms are often followed by vomiting and the cough can last for months.

Whooping cough can be caught through coughs or sneezes from an infected person.

Protection against whooping cough both from the disease and the vaccine decreases over time. Therefore a booster dose of whooping cough vaccine is recommended for adolescents aged between 11 and 13 years to maintain immunity into adulthood.

## Diphtheria-tetanus-whooping cough booster vaccine

The diphtheria-tetanus-whooping cough booster vaccine contains a small amount of diphtheria and tetanus toxins which are modified to make them harmless, small parts of purified components of whooping cough, a small amount of aluminium salt and preservative.

This booster vaccine has lower concentrations particularly of diphtheria and whooping cough components compared with the children's vaccine.

The vaccine is safe and well tolerated in adolescents.

This combination vaccine can be given any time after a recent tetanus-containing vaccine is given.

## Possible side effects of diphtheria-tetanus-whooping cough booster vaccine

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

### Common side effects

These indicate that your child's immune system is responding to the vaccine.

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

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**

- Brachial neuritis (severe pain, shoulder and upper arm)
- 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 the following websites:

[Better Health Channel](http://www.betterhealth.vic.gov.au) <<http://www.betterhealth.vic.gov.au>>

[Immunise Australia Program](http://www.immunise.health.gov.au) <<http://www.immunise.health.gov.au>>

Translating and interpreting service call 131 450

### **What is the National Immunisation Program?**

An Australian government, state government and local council initiative, the National Immunisation Program aims to protect the community from vaccine preventable diseases. As part of the program, free vaccines are offered to, and recommended for, Year 7 secondary school students.

The following vaccines are recommended for Year 7 secondary school students:

- Human papillomavirus (HPV) (two separate injections in the upper arm, over six months apart)
- Diphtheria-tetanus-whooping cough (a single injection in the upper arm).

Vaccines are administered by immunisation nurses, employed by local council immunisation services, who visit each Victorian secondary school a number of times a year.

### **Why should I have my child immunised?**

- Immunisation is the safest and most effective way to stop the spread of many infectious diseases.
- The protection provided by some childhood vaccines fades and needs to be boosted in adolescence and for other vaccines, adolescence is the best time for the vaccine to be given.
- Vaccines not only protect your child from harmful diseases, but offer important benefits for the long-term health of the community.
- If enough people in the community are immunised, the diseases can no longer be spread from person to person in the community.

- In Australia, vaccines are registered for use by the Therapeutic Goods Administration (TGA). The TGA has a surveillance system which monitors and reports adverse events following immunisation.

If you change your mind, you can withdraw your consent at any time by contacting your local council. See the Further information section.

## On the day of the vaccinations:

- your child should have breakfast
- your child should wear a top that is suitable for the upper arm/s to be exposed
- your child may have more than one injection – this will not increase risk of side effects
- notify immunisation staff if your child is anxious
- a record of each vaccine administered will be given to your child – store this safely.

## Consent form for:

# Human papillomavirus (HPV) vaccine consent and Diphtheria-tetanus-whooping cough booster vaccine

## Student details

Medicare number (including number beside child's name) (Non-Medicare cardholders are also eligible for these vaccines)	
Surname	
First name	
Postal address	
Postcode	
Date of birth	
Gender	<please indicate gender>
School name	
Class	

Is this person of Aboriginal or Torres Strait Islander origin? Mark chosen response with an 'X'

No	
Aboriginal	
Torres Strait Islander	
Aboriginal and Torres Strait Islander	

## Parent or guardian contact details

Name of parent or guardian	
Daytime phone	
Mobile	
Email	

## Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated and by giving consent, I understand my child will be given separate vaccines for diphtheria-tetanus-whooping cough, and human papillomavirus. 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 vaccines. 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.

## Human papillomavirus (HPV) vaccine

Please mark your chosen response, below, with an 'X'.

<b>YES, I consent to my child receiving two doses of HPV vaccine at school</b> (two injections, six months apart).	
If you have selected 'Yes' above please sign or type your name.	

Date you signed this form.					
<b>No, I do not consent to my child receiving the HPV vaccine at this time.</b>					
<b>No, my child has had the HPV vaccine elsewhere.</b>					
<b>If your child has had the HPV vaccine elsewhere please type the dates of each dose</b>					
1st dose:		2nd dose:		3rd dose: (if applicable)	

## Diphtheria-tetanus-whooping cough booster vaccine

Please mark your chosen response, below, with an 'X'.

<b>YES, I consent to my child receiving the diphtheria-tetanus-whooping cough booster vaccine at school (one injection).</b>		
If you have selected 'Yes' above please sign or type your name.		
Date you signed this form.		
<b>No, I do not consent to my child receiving the diphtheria-tetanus-whooping cough booster vaccine at this time.</b>		
<b>No, my child has had the diphtheria-tetanus-whooping cough booster vaccine elsewhere.</b>		

<p>If your child is being vaccinated, please type here any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.</p>   
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## 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 vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. These details are for the purpose of providing targeted improved health services for all Victorian children. In addition the details enable tools such as recall and reminder systems to improve vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the AIR. 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.

The vast majority of people complete and return this form. Thank you for returning yours.

## Office use only

Vaccine	Vaccination date	Nurse initials	Site: L/R arm
HPV 1st dose:			
HPV 2nd dose:			

Vaccine	Vaccination date	Nurse initials	Site: L/R arm
Diphtheria-tetanus-whooping cough			

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