

ကသံဉ်ဒီသဒါ Human papillomavirus (HPV)

ဘဉ်တၢ်န့ဉ်လီၤလၢကွီုဖိတီၤ ရဲၤ တီၤလၢတီၤထီၤကွီုတဖၣ်ကမၤထွဲ အဂီၢ်

ဝံသးစူးဘဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်တက့ၢ်,နမ့ၢ်တဆဲးကသံဉ်ဒီသဒါဒၣ်လဲၣ်မၤပွဲၤလိာ်ကဘျဲးတဖၣ်အံၤတက့ၢ်.
ဖျိတၢ်လိာ်ကုၣ်လၢအံၤဝံၤဆုၢ်ကဒါက့ၤဆူကွီုတက့ၢ်.

- လီၢ်ကဝီၤကိၣ်ကးကရၢကမဲၤကွၢ်ပကွီုလၢတၢ်ဆဲးက သံဉ်ဒီသဒါတၢ်ရဲၣ်တၢ်ကျိၤအံၤအဂီၢ်လီၤ.
- တၢ်ဆဲးကသံဉ်ဒီသဒါအံၤတၢ်ဒီးန့ၢ်ဘဉ်အံၤကလိသ့ဝဲတန့ၣ်အံၤအတီၢ်ပူၤဖဲကွီု,ကသံဉ်သရၣ်မ့တမ့ၢ်လီၢ်က ဝီၤကိၣ်ကးကရၢတဖၣ်အဆိၣ်န့ဉ်လီၤ.
- ဖးဘဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢနကဘဉ်ကွၢ်သဝဲသမိးအံၤ တချုးနဆဲးကသံဉ်ဒီသဒါဒီးအခါဒီးတၢ်ပိၣ်တၢ်ဆိၣ် ဆူဉ်ဆိၣ်ချ့အဂီၢ်ဒီးပူၤလၢကဆဲးန့ၢ်န့ၢ်ကသံဉ်ဒီသဒါတဖၣ်တချုးနဖိဆဲးဒီးကသံဉ် အခါတက့ၢ်.
- နဖိကလိၣ်ဆဲးကသံဉ်အါန့ၢ်ဒီးတဖျၢၣ်လၢတၢ်ဆါ တဖၣ်အဂီၢ်လၢတန့ၢ်ယီၤအတီၢ်ပူၤန့ဉ်လီၤ.တၢ်အံၤတဖျၢၣ်ကမၤအါထီၣ်တၢ်ကဲထီၣ်သးဒီးဖျိတၢ်ဆဲးကသံဉ်အါအယီၤဘဉ်.
- နဖိမ့ၢ်တဆဲးကသံဉ်ဒီသဒါဒၣ်လဲၣ်နကဘဉ်ဆုၢ်ကဒါက့ၤနလံာ်ဟ့ၣ်ခွဲးဆူကွီုဖိတီၤအံၤမၤစၢၤတၢ်ဒိၣ် ထီၣ်လဲၤထီၣ်လၢကွီုဆူဉ်ချ့ဝဲၤကျိၤအဂီၢ်န့ဉ်လီၤ.

human papillomavirus ဝံးတၢ်န့ဉ်မ့ၢ်မနုၤလဲၣ်.

HPV မ့ၢ်တၢ်ဆါအယၢ်တခါလၢပိာ်မုၢ်ပိာ်ခွါအပူၤလီၤ. ကဲထီၣ်ညီၣ်န့ၢ်အသးဒိၣ်ဖဲ HPV ကဘဉ်ကုဘဉ်ကဲလိာ်အသးဖဲ မုၢ်ခွါအတၢ်ဘူးတၢ်လိာ်သးဝံၤအခါန့ဉ်လီၤ. HPV တၢ်ယၢ်ဘဉ် ကုလိာ်သးအံၤအါတက့ၢ်အက့ၢ်အဂီၢ်တဖျိထီၣ်နီၣ်တဝဲဘဉ်ဒီးကဆိၣ်ဝဲလၢပိာ်ပုၤအပူၤလၢစ့ၤ န့ၢ်တန့ၣ်ဒီးပူၤလၢအဘဉ်တၢ်ဆါအံၤတဂၤတတုၤဘဉ်ဝဲနီၣ်တမံၤဘဉ်လီၤ. HPV ဒုးကဲထီၣ် တၢ်အထူးကမိထီၣ်တဖၣ်ဒီးတၢ်လီၤပျံၤဘဉ်ယီၣ်တနီၤသ့ဝဲလီၤ.တၢ်လီၤပျံၤဘဉ်ယီၣ်တဖၣ်အံၤပုၤ ယုာ်ဒါလီၤခဲစၢ်တၢ်ဆါလၢပိာ်မုၢ်အပူၤ,ခဲစၢ်လၢပိာ်မုၢ်ပိာ်ခွါကိၣ်ကါကဆူးဒီးတၢ်လီၤပျံၤတနီၤ လၢကိာ်ပူၤဒီးကိာ်ယုာ်ဘိအဂီၢ်သ့ဝဲန့ဉ်လီၤ.

တၢ်ဘျုးတၢ်ဖျိတၢ်လိာ်တၢ်ဆဲးကသံဉ်ဒီသဒါ HPV တဖၣ်န့ဉ်မ့ၢ်မနုၤလဲၣ်.

HPV vaccine GARDASIL ကသံဉ်ဒီသဒါအံၤတြိဆာဝဲ HPV ခံကလုာ်လၢဒုးကဲထီၣ်ဒါလီၤခဲစၢ်တၢ်ဆါလၢပိာ်မုၢ်အဂီၢ် ဖျးကယၤ ၅၀ ဒီးလၢဘဉ်ထွဲဒီး HPV ခဲစၢ်တဖၣ်ဖျးကယၤ၉၀ လၢပိာ်ခွါအဂီၢ်န့ဉ်လီၤ. ကသံဉ်ဒီသဒါအံၤတြိဆာစ့ၢ်ကိး HPVခံကလုာ်လၢအဒုးကဲထီၣ်ကိၣ်ကါကဆူးတၢ်ထွဲကမိထီၣ်တၢ်ဆါတဖၣ်န့ဉ်လီၤ.

ကသံဉ်ဒီသဒါအံၤဒုးဆိၣ်ထီၣ်တၢ်တြိဆာအဂ့ၢ်ကတၢ်ဖဲပုၤတဂၤ ကဆဲးဝဲတချုးမုၢ် ခွါဘူးတၢ်လိာ်သးဒီးအခါန့ဉ်လီၤ. ကသံဉ်ဒီသဒါအံၤ တြိဆာဝဲတၢ်ဆါကမိဒီးဘဉ်ဆဉ်တက့ၤဝါယၢ်ဘျုး HPV အယၢ်လၢအဆိၣ်ဝဲတဖၣ်န့ဉ်ဘဉ်.

ကသံဉ်ဒီသဒါအံၤတၢ်ဆဲးအီၤနဲလဲၣ်.

HPV ကသံဉ်ဒီသဒါအံၤပုၤယုာ်ကသံဉ်ဆဲးသၢဖျၢၣ်လၢတၢ် ဆဲးအီၤလၢစုဒုၣ်အဖီခိၣ် လၢယုလၢအတီၢ်ပူၤန့ဉ်လီၤ.

ကသံဉ်တၢ်တြိဆာတၢ်ယံာ်ထဲလဲၣ်.

တၢ်ယုထံၣ်န့ၢ်ဝဲလၢတၢ်ဆဲးတြိဆာ HPV ခါဆူညါမ့ၢ်တၢ်ဂ့ၢ်လီၤ. တၢ်မၤလိအပူၤအိၣ်ဒီးတၢ်ဟံ လီၤသးဆူညါလၢ- ဖဲကလိၣ်ဆဲးကသံဉ်တဖျၢၣ်-ခါဆူညါအဂီၢ်လီၤ.

HPV ကသံဉ်ဒီသဒါအံၤဟ့ၣ်တၢ်ပူၤဖျးအလီၢ်ထဲလဲၣ်.

ပူၤဖျးဝဲဒီးဆိၣ်ဒီးတၢ်တူၢ်ခိၣ်န့ၢ်ဝဲလီၤ. ဟံၣ်ခိၣ်ချၢဒီးတဘျီတၢ်ဆဲးကသံဉ်ဒီသဒါအံၤလၢအကကွဲၢ် လီၤ.ကသံဉ်ဒီသဒါအံၤတပုၤယုာ် HPV ဘဉ် - ဘဉ်ဆဉ် ဖျါဒီးသီးဒီးတၢ်ယၢ်တကလုာ်ယီၣ် သီးပမိာ်ပုၤအံၤကဟ့ၣ်ထီၣ်တၢ်တြိဆာတၢ်ယၢ်,လၢကဒီသဒါ HPV အယၢ်ကန့ၢ်ဝဲအဂီၢ်န့ဉ်လီၤ.

ပိာ်မုၢ်ဖိတဖၣ်ကလိၣ်ဘဉ်တၢ်မၤကွၢ်အဒါလီၢ်လၢခံလၢလံာ်လၢ အတၢ်ဆိၣ်မူအပူၤန့ဉ်ခါ.

မ့ၢ်. ကလိၣ်ဘဉ်ဝဲလီၤ.ခိဖျိကသံဉ်ဒီသဒါအံၤတဒီသဒါ HPV တၢ်ဆါအယၢ်ခဲလၢာ်ခဲ ဆူအယီၤ.တၢ်မၤကွၢ်ဒါလီၢ်အံၤကလိၣ်ဘဉ်ခဲဝဲ လၢပိာ်မုၢ်ပိာ်မုၢ်တဖၣ်အဂီၢ်လၢခံလၢလံာ် အတၢ်ဆိၣ်မူအပူၤန့ဉ်လီၤ. တၢ်မၤကွၢ်ဒါလီၢ်တဖၣ်အံၤတြိဆာလၢပိာ်မုၢ်ပိာ်မုၢ်ခဲလၢာ်ကဘဉ် မၤအံၤ ခံန့ၣ်တဘျီ,စးထီၣ်ဖဲအသးခဲန့ၣ်မ့တမ့ၢ်ခံန့ၣ်ဖဲအိၣ်ယုာ်အဖီအတၢ်ဆါ, ဖဲဆၢကတီၢ်အံၤတခါခါအပူၤန့ဉ်လီၤ.တၢ်မၤကွၢ်ဒါလီၢ်အယီၤမၤစ့ၢ်လီၤ တၢ်လီၤပျံၤလၢခါဆူညါဒါ လီၤခဲစၢ်တၢ်ဆါတဖၣ်န့ဉ်အဂီၢ်လီၤ.

တၢ်ကျိးထံလံာ်လဲၣ်ဒီး
တၢ်ကတိၤအဝဲၤကျိၤ
ဆဲးကျိး၁၃၁၄၅၀



Human papillomavirus (HPV) လိပ်ဟုန်ခွဲ

ဘဉ်တၢ်န့ၣ်လၢအိၣ်လၢက့ၢ်ဖိတၢ်န့ၣ်ရတၢ်လၢတၢ်ထီၣ်က့ၢ် တဖၣ်ကမၤထွဲအဂီၢ်

ဝံသးစူဖးတၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်အံၤတက့ၢ်.

မာပွဲလံာ်ကဘျးအံၤဖဲနဖီမွၢ်တဆးကသံဉ်ဒၣ်လံာ်အခါ.

မှီတင်လံာ်ကုာ်လာ်ဝံၤဆှၢကဒါက့ၤဆူကိတက့ၢ်.

ကိုဖီအုတ်အကျို

မေးခွဲနံပါတ်

 (နိဂုံးဖို့သင့်တော်အမံကဟ)

ဟံဉ်ဖိယိဖိမံ- မံခိဉ်ထံး-

လီၤအိၣ်ဆိးထံး

ဖိုးစခန်း: အိပ်ဖြူမင်္ဂလာ- / / မှတ်တိုင်- ဖိတ်မင် ဖိတ်မှတ်

၇၀ ကိုကရုန်

ပျာအဝဲအံ့မုၢ်ပျာထူလံၣ်ဖိအဘီၣ်ရဲကွၢ်လၢစၢမ့တမ့ၢ်ထီၣ်ရ့ၢ်ပျာကီၢ်ဖိစါ. (ဝံသးစ့ၢ်တၢ်ကွီၤထဲတခါ)

☐ တမ္ဗိယံ ☐ ပုထုလံဖိအဘိရုံကျာ ☐ ထိရုစံပုဂံးဖိ ☐ အဘိရုံကျာဒီးထိရုစံပုဂံးဖိ

မိပ်မုတမုန့်ပုၤကွၢ်ထွဲတၢ်တဂၤအဂီၢ်အကျိၤ

မံလိၤစၢၤ မံၤခိၣ်ထံး

အံ့မုလ်

မှန်ဆီခိတ်ဆဲးကျိုးအဂီၢ်လိတဲစိ- မိၤဘဲလ်.

ဖိပ်မုတုမရှိပျက်ထွက်ကပ်သေးစူးဆေးလီမံဖုနအာ်လီဟာ်ခွဲးလနဖီဆဲးကသံ **Human papillomavirus (HPV)** လာကိသုဝဲအဂီတကု.

ယမးဘၣ်ဒီးနဲးနဲးပာ်တၢ်ဂ့ၢ်တၢ်ကျါလၢတၢ်ဟ့ၣ်လီၤယၢဘၣ်သွဲးဒီးတၢ် ဆဲးကသံၣ်ဒီးသးအဂ့ၢ်.ပၣ်ယုၣ်တၢ်လီၤပျံးဘၣ်ယိၣ်ဂၢ်ထီၣ်သ့စီဖျါ တၢ်ဆဲးကသံၣ်အယီၤလီၤ.ယနဲးပာ်လၢယဟ့ၣ် လီၤအဆွဲးလၢတၢ်ဆဲးကသံၣ်ဒီးသး HPV ဆံၣ်တၢ်ကကွၢ်သွဲးဆံၣ်လၢဂၢ် လၢတၢ်လီၤလၢအဆွဲးလၢယကတၢ်ပီၣ်တၢ်ဂ့ၢ်ဘၣ်သွဲးဒီးကသံၣ်ဒီးသးအဆံၣ်ဒီးပုၤလၢကဆဲးကသံၣ် တဖၣ်အ ဆိၣ်န့ၣ်လီၤ.ယနဲးပာ်လၢယထးကွၢ်ယတၢ်ဟ့ၣ်သွဲးဆံၣ်တၢ်လီၤ လၢလၢသ့တၢ်စးဒီးတၢ်ဆဲးကသံၣ်အခါန့ၣ်လီၤ. ယနဲးပာ်လၢပုၤဆဲးကသံၣ်ဒီးသးဘၣ်မ့တၢ်တဖၣ်ကမၤနီၣ်မၤယၢကသံၣ်ဒီးသးအဂ့ၢ်အကျါဒီးယမီၤအတၢ်ဆဲးကသံၣ်ဒီးသးအဂ့ၢ်အကျါဆံၣ်တၢ်ကကွၢ်သွဲးဆံၣ်လၢဂၢ်လၢတၢ်လီၤလၢအဆွဲးလၢယကတၢ်ပီၣ်တၢ်ဂ့ၢ်ဘၣ်သွဲးဒီးကသံၣ်ဒီးသးအဆံၣ်ဒီးပုၤလၢကဆဲးကသံၣ်

HPV Vaccination Program Register

အဆိၣ်န့ၣ်လီၤ.

☐ မှန်, ယအာဉ်လီဟဉ်အနွဲးလာတၢ်ကဆဲးကသံဉ်ဒီးသဒါ အံၤအဂီၢ်လီၤ(ဝံသးစ့ၤတိၤကိၤအိၤ)

တၢ်ဟ့ၣ်ယၢအစူးလၢယကအၢၣ်လၢဟ့ၣ်စူးဆူယဖိဒ်အမံၤ ဖျါလၢအဖီခိၣ်အသိးလၢကဆဲးကသံၣ်ဒီးသဒၢအဂီၢ်န့ၣ်လီၤ.

မိတ်ဖက်မူတဖွ်ပုၤကွၢ်ထွဲတၢ်(ဝံသးစူၤကွဲးလီၤမံၤ)

မိမိတို့မှတစ်ဆင့်ပေးအပ်သော အကျိုးအမြတ်များကို အောက်ဖော်ပြပါအတိုင်း ဖြန့်ဝေပေးခြင်းဖြစ်ပါသည်။

ယတဟုၣ်အခွဲးလာတၢ်ကဆဲးန့ၣ်ယဖိကသံၣ်ဒီသဒါအဂီၢ်ဘၣ်.

ဖဲယဖးတၢ်ဂၢ်တၢ်ကျိၤလၢတၢ်ကွဲးအိၤတဖၣ်အံၤဝံၤ ,ယတအဲၣ် ဒီးလၢတၢ်ကဆဲးန့ၢ်ယဖိလၢ HPV ကသံၣ်ဒီသဒၢလၢဘျီဝဲအံၤ အပူၤဘၣ်.

မိဂ်မုတမုဂ်ပုဂ်ကွဲတဲဆဲးလီမံ၊ မုဂ်နံး: / /

တၢ်ဂၢ်ပၤပျၤတၢ်ဆွဲးဒီးတၢ်ပၤတၢ်ဂၢ်လၢတၢ်ခူအူၣ်အပူၤ- တၢ်ယဲၣ်ကိၣ်စ့တၢ် တၢ်ဆဲးကသံၣ်ဒီးသးအတၢ်ရၢ်ကွဲးအဲၣ်ကိၣ်စ့တၢ်ဆိၣ်ထွဲလဲလၢ အိၣ်မၤတြုလၢယၤပဒီးတၢ်မၤအိၣ်လၢလီၤကဝီၤကွၢ်လိာ်ကရၢတဖၣ်န့ၣ်လီၤ.

၆ “ကမ္ဘာၣ်ခူအူၣ်ဒီးတၢ်ဆိၣ်မုၢ်ဆိၣ်ပၤအတၢ်ဘျၢၤ၂၀၀၈” *“Public Health and Wellbeing Act 2008*, အိၣ်ပဲအဆၢဒီး. လီၤကဝီၤကွၢ်လိာ်ကရၢတဖၣ်ဆိၣ်ဒီးမုၢ်လၢမၤသးကိၣ်တၢ်ဒီးဟ့ၣ်ထီၣ် ကသံၣ်ဒီးသးတၢ်ရၢ် တၢ်ဂၢ်လၢတဖၣ်ခူအူၣ်ဒီးသံၣ်လၢအမၤလိတၢ်ပၤလီၤကဝီၤ. ပၤတြုကီၤဆိၣ်အပူၤတဖၣ်န့ၣ်လီၤ. လီၤကဝီၤကွၢ်လိာ်ကရၢတဖၣ်ဆိၣ်ဒီးတၢ်ဟ့ၣ်လီၤသးလၢကဒီးသးတၢ် ဂၢ်တၢ်ကိၣ်လၢတၢ်ပၤအိၣ်လၢတၢ်ခူအူၣ်အပူၤတဖၣ်. ဒီးတၢ်ဂၢ်ခူအူၣ် ဒီးတၢ်ပၤကိၣ်တၢ်ဂၢ်ကိၣ်အတၢ်ဒီးသးတၢ်ဘျၢၤ၂၀၁၄ဒီးတၢ်ပၤကိၣ် ခူၣ်ချ့တၢ်ဘျၢၤ၂၀၀၁ (*Privacy and Data Protection Act 2014* and the *Health Records Act 2001*). အိၣ်ပဲအဆၢဒီးန့ၣ် လီၤ.

[illegible]

တၢ်ဂၢ်တၢ်ကျိၤဘျၣ်ထွဲန့ၤနီၤနီၤဖိတဖၣ်တၢ်ကသုဒ္ဓါဒီးဟံၣ်ဖျါထီၣ်အီၤ လိလံၤဘၣ်ယးဒီးနီၤအတီၢ်ဆဲးကသံၣ်ဒီးအဂၢၢ်ဒီးလၢက့ၢ်ထဲဒၣ် နဆဲးဒီးလၢတၢ်မၤအီၤအစီၣ်အသးန့ၣ်လိၤတၢ်ဆဲးပၣ်ပုၣ်တၢ်ကဆၢ နီၤတၢ်ဂၢ်တၢ်ကျိၤလၢအဘၣ်ထွဲလိၤအသးတဖၣ်ဆူန့ၣ်ဟံၣ်ဖီၤဖီၤ ကသံၣ်ယၢၣ်အဆိၣ်,ဆူန့ၣ်ဖိတဖၣ်ဟံၣ်ဖီၤဖီၤကသံၣ်ယၢၣ်အဆိၣ်,ဆူ ကသံၣ်ယၢၣ်အဂၢၢ်တၢ်အဆိၣ်တဖၣ်တၢ်ဆၢပၣ်မ့ၣ်တဖၣ်ကူၤလိာ်ကၢ၊ အဂၢၢ်တဖၣ်အဆိၣ်န့ၣ်လိၤလိာ်ကၢကူၤလိာ်ကၢဂၢၢ်ဟ့ၣ်ထီၣ်န့ၤ တၢ်ဂၢ်တၢ်ကျိၤလၢအဘၣ်ထွဲဒီးကိၤအတၢ်ဟ့ၣ်ကသံၣ်ဒီးအဂၢၢ်တၢ် န့ၣ်တၢ်ကျိၤဖျါတၢ်ဆၢတၢ်ကစီၣ်လၢလိာ်တဖၣ်စီၣ်အဆၢ, မ့ၣ်တဖၣ်ဆဲးန့ၣ်လိၤ,န့ၣ်ထံၣ်န့ၣ်နီၤဖိတဖၣ်အဂၢၢ်တၢ်သ့ၣ်သ့ၣ်န့ၣ်လိၤ,လိာ်ကၢကူၤလိာ်ကၢဂၢၢ်ဟ့ၣ်ထီၣ်န့ၤတဖၣ်အဆိၣ်န့ၣ်လိၤ,လိာ်ကၢကူၤလိာ်ကၢဂၢၢ်ဟ့ၣ်ထီၣ်န့ၤတဖၣ်အဆိၣ်န့ၣ်လိၤ.

မှန်လောတော်ဆေးကသံဉ်ခံဘျီတဘျီ

ဝဲဒါးအတၢ်ပၢ်ကီုစိ နးစံကွဲးလီၤအမံၤဖှ်

မှန်လၢတၢ်ဆဲးကသံဉ်ခံဘျီတဘျီ

နားစံကုံးလီအမံယုဉ်

မုန့်လှလှတတ်ဆဲးကသံဃ်သာဘျီတဘျီ

နားစံကူးလီအမံယုဉ်

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
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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.

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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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: 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 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:

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*.

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Office use only: _____

Date dose given: _____ Nurse initials: _____