

人類乳突病毒 (HPV) 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。

- 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。

甚麼是人類乳突病毒？

HPV病毒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HPV病毒的情況十分普遍。大部分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況下於一年內在體內被清除。有些類型的HPV病毒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，以及某些口腔和喉部的癌症。

接種HPV病毒疫苗有哪些好處？

HPV病毒疫苗GARDASIL®對兩種HPV病毒產生免疫作用，這兩種病毒導致女性70%的宮頸癌和男性90%的與HPV病毒相關的癌症。該疫苗還對另外兩種HPV病毒產生免疫作用，這兩種病毒導致90%的生殖器疣。

該疫苗在性行為活躍之前接種能提供最好的保護。該疫苗能預防疾病，但不能治療已存在的HPV病毒感染。

如何接種疫苗？

HPV病毒疫苗在六個月的時間內於上臂部注射三次。

疫苗會持續有效多長時間？

近期研究顯示，疫苗能良好地長期預防HPV病毒。對將來是否有必要注射加強劑的研究仍在繼續。

接種HPV病毒疫苗有多安全？

該疫苗對人體安全，全世界已經有數百萬針劑的疫苗給人們施用。疫苗不含HPV病毒，但與病毒極為類似，足以刺激人體產生抗體，防止發生HPV病毒感染。

女孩們以後還需要做宮頸癌篩查嗎？

需要做。由於疫苗並不能預防所有類型的導致宮頸癌的HPV病毒感染，宮頸癌篩查在女性以後的生活中依然是必不可少的。建議所有女性每兩年做一次宮頸癌篩查，從18歲開始或開始性生活後兩年，以較遲的時間為準。定期的宮頸癌篩查可進一步降低患宮頸癌的風險。

筆譯及口譯服務
請撥打131 450



可能產生哪些副作用？

常見副作用

- 注射部位疼痛、紅腫
- 注射部位出現暫時性的小腫塊
- 低燒
- 感到身體不適
- 頭疼
- 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

- 出皮疹或產生蕁麻疹

任何人在接種疫苗之後出皮疹或產生蕁麻疹，則應在下次接種該疫苗之前，向疫苗接種機構說明情況。

罕見的副作用

- 嚴重過敏反應，如臉面腫脹、呼吸困難

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。

- 接種疫苗當天身體不適（體溫超過38.5°C）
- 接種任何疫苗後曾出現嚴重反應
- 曾有嚴重過敏反應，如對酵母發生嚴重過敏反應
- 已懷孕

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

www.hpvvaccine.org.au

www.cancerscreening.gov.au

www.hpvregister.org.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。

人類乳突病毒（HPV）疫苗接種同意表

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。

學生個人資料			
Medicare號碼：	1234 56789 8 4 (number beside child's name)		
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		
<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			
父母或監護人聯絡方式			
姓：	CITIZEN 名：SUSAN		
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，如果您同意為孩子在學校接種人類乳突病毒（HPV）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。我明白我對在未來四至六個月內接種三針HPV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。我明白疫苗接種機構將詳細記錄接種資訊。同時我孩子的接種資訊將被轉交至全國HPV疫苗接種計畫登記處（National HPV Vaccination Program Register）。			
<input type="checkbox"/> 是，我同意孩子接種人類乳突病毒（HPV）疫苗（請打勾）			
本人獲得授權同意為上述孩子接種疫苗。			
父母/監護人姓名（請正楷書寫）：	日期： / /		
不，我不同意孩子接種HPV疫苗。			
閱讀以上資訊後，我不打算讓孩子接種HPV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資助，並由地方市政廳執行。根據2008年公共衛生法（Public Health and Wellbeing Act 2008），地方市政廳有責任為在市政廳內接受教育的兒童實施疫苗接種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），地方市政廳應致力於保護個人資訊的隱私、保密和安全。			
地方市政廳會向澳大利亞學校疫苗接種登記處（Australian School Vaccination Register 簡稱ASVR）報告所有通過學校項目接種的青少年疫苗。個人身份資料將會得到保護，這將提供給如何和從哪系統等工具。來自青少年疫苗接種率。這對於提高整體疫苗接種率是很重要的。接種者可以在登記處在澳大利亞疫苗接種登記處（Australian Immunisation Register）和澳大利亞學校疫苗接種登記處中的所有疫苗接種記錄。疫苗接種的綜合數據將會被提供給維多利亞州政府，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服務提供、醫院或其他地方市政廳轉送和交換相關資訊。地方市政廳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市政廳查詢您子女的資訊。			
僅供機構填寫：	第二次接種疫苗日期：	護士簽名：	
第一次接種疫苗日期：	護士簽名：	第三次接種疫苗日期：	護士簽名：

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）

人類乳突病毒（HPV）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: (number beside child's name)

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

父母或監護人聯絡方式

姓: _____ 名: _____

電子郵箱: _____

日間電話號碼: _____ 手機號碼: _____

父母/監護人，如若您同意為孩子在學校接種人類乳突病毒（HPV）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。我明白我對在未來四至六個月內接種三針HPV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。我明白免疫接種機構將詳細記錄接種資訊，同時我孩子的接種資訊將被轉交至全國HPV病毒免疫接種計畫登記處（National HPV Vaccination Program Register）。

☐ 是，我同意孩子接種人類乳突病毒（HPV）疫苗（請打勾）

本人獲得授權同意為上述孩子接種疫苗。

父母/監護人姓名（請正楷書寫）: _____

父母/監護人簽名: _____ 日期: ____ / ____ / ____

☐ 不。我不同意孩子接種HPV疫苗。

閱讀以上資訊後，我不打算讓孩子接種HPV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，並由地方市政廳實行。根據2008年公共衛生法（Public Health and Wellbeing Act 2008），地方市政廳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），地方市政廳應致力於保護個人資訊的隱私、保密和安全。

地方市政廳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、醫院或其他地方市政廳傳送和交換相關資訊。地方市政廳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市政廳來查閱您子女的資料。

僅供機關填寫:	第二次接種疫苗日期:	護士簽名:
第一次接種疫苗日期:	護士簽名:	第三次接種疫苗日期:
		護士簽名:

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



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

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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: _____