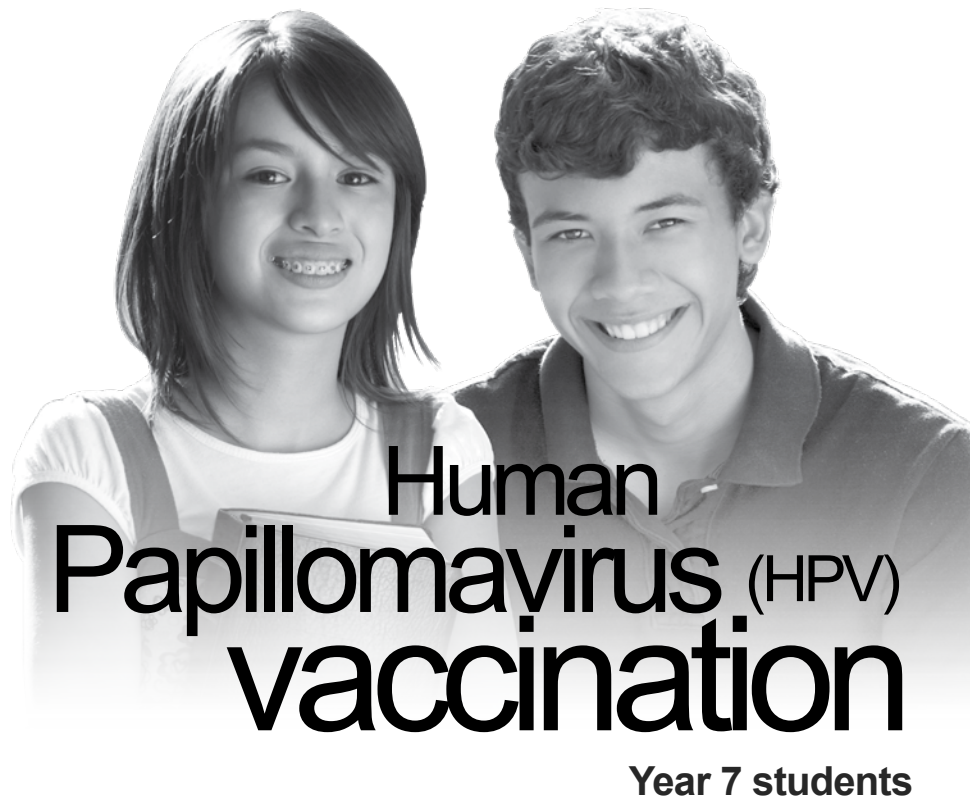


Please complete and **return this form** to school, even if you decide not to immunise your child at school. It is a legal requirement to give consent to receive the vaccine and authorise release of information as discussed below.



# Human Papillomavirus (HPV) vaccination

**Year 7 students**

In the Northern Territory, **all boys and girls in Year 7** are eligible to receive the dose of Human Papillomavirus vaccine. If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a Community Care Centre or GP for follow-up vaccination. The vaccine is free however be aware that if visiting a GP you may have to pay a consultation fee. Missed doses should be given as soon as possible, and ideally the full course completed before the end of the current school year.

## Information and Consent for Vaccination

### ■ What is Human Papillomavirus (HPV)?

HPV is a very common virus in women and men. Most people (4 out of 5) will have it at some point in their lives and never know it. There are many different types of HPV. Some types are harmless, but other types affect the genital area and can cause genital warts and some cancers. HPV is most common in young people in their late teens and early twenties. There is no cure for HPV however a vaccine can now be given to protect females and males against some of the common types of HPV infection that can cause genital warts, cervical cancer and some cancers of the vulva, vagina, penis and anus and head and neck.

### ■ How do people get HPV?

HPV is spread from one person to another during all types of sexual activity involving genital contact. Since HPV usually causes no symptoms, most people get HPV and pass it on without realising it. Most of the time, the body naturally fights off HPV, before it causes any health problems but sometimes HPV infections are not cleared and can cause cancer and disease.

### ■ What about the HPV vaccine?

The HPV vaccine is safe and effective vaccine and helps protect against HPV related cancers and genital warts. Vaccinating both boys and girls will help to reduce the spread of these viruses. The vaccine does not protect against all types of HPV infection and does not protect people already infected with HPV. The vaccine provides the best protection when it is given before a person becomes sexually active. Even if vaccinated against HPV, women will need to continue to have regular cervical screening tests and men should continue to have regular health checks. The vaccine course is given over a period of 6-12 months.

### ■ What are the possible side effects?

Common side effects are discomfort, redness, pain and swelling at the injection site for 1-2 days. Other symptoms may include headache, fever and nausea. Putting a cool wet cloth on the injection site and giving paracetamol helps to relieve symptoms. Fainting, the most common immediate reaction to any vaccine in older children and teenagers may occur 5-30 minutes following vaccination. Severe allergic reactions are rare.

## Student Details

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Other Legal Names (if applicable): \_\_\_\_\_

Sex: ☐ Male ☐ Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Medicare No:

☐ Non-Aboriginal ☐ Aboriginal ☐ Aboriginal and Torres Strait Islander ☐ Torres Strait Islander

School: \_\_\_\_\_ Class/Year: \_\_\_\_\_

Any severe reactions to previous vaccines ☐ No ☐ Yes - list \_\_\_\_\_

## Pre-Vaccination Checklist

Your consent is required before your child can be immunised at school. Your child should not be immunised if any of the following apply:

- They are known to have had a severe reaction to any vaccine, part of a vaccine
- They have had a serious allergic reaction to yeast
- They have a fever of 38.5°C or above on the day of immunisation
- They are pregnant or could be pregnant.

## Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive a course of the **Human Papillomavirus vaccine** and the information recorded\*. *Tick one box only.*

☐ **YES** ☐ **NO**

Parent / Guardian Name: \_\_\_\_\_ Daytime phone contact: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Information

\*The information on this form will be recorded on the NT Immunisation Register and later transferred to the Australian Immunisation Register (AIR). Inclusion on these registers is voluntary. All personal information collected by the NT Department of Health will be handled in accordance with the *Information Act* and the Department's Privacy Policy. Personal information disclosed to AIR is subject to the *Privacy Act* (Commonwealth).

For further information on privacy laws, visit: <https://infocomm.nt.gov.au/about-us/the-information-act>.

### Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
HPV # 1			Left	Right	
HPV # 2			Left	Right	
HPV # 3			Left	Right	

Reason **not** vaccinated: ☐ Absent ☐ Refused ☐ Unwell ☐ No consent ☐ Missed dose letter sent \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For further information** regarding the School Vaccination Program please contact: Darwin **8922 8044** or Regional Centres: Katherine **8973 9049**; Alice Springs **8951 7549**; Nhulunbuy **8987 0357**; Tennant Creek **8962 4259**. Visit [www.hpvvaccine.org.au](http://www.hpvvaccine.org.au)