CONFIDENTIAL

School Health Service
Youth Preventive Services Division
Health Promotion Board
Tel: 6435 3940 Fax: 6438 7166

CONSENT FORM FOR NATIONAL SCHOOL-BASED HUMAN PAPILLOMAVIRUS VACCINATION PROGRAMME

Student's Name: (IN FULL)	Gender: Female	Date of Birth:	NRIC / B.C. / FIN:
School:		Class:	

Dear Parent / Guardian

The School Health Service, Health Promotion Board (HPB) administers the national school-based human papillomavirus (HPV) vaccination programme. The HPV vaccine helps to protect against cervical cancer.

Should you wish your child / ward to receive the HPV vaccine, please read the HPV vaccination schedule for Cervarix in **Annex I** and the possible side-effects of HPV vaccine in **Annex II**, complete and sign (in ink) this Consent Form and submit it with any relevant document(s) to the class teacher.

DIRECTOR
YOUTH PREVENTIVE SERVICES DIVISION

This Form may take 5 to 10 minutes to complete

Please use ink to fill in the details and tick ☑ in the box where applicable.

i) MEDICAL INFORMATION

1. Is your child / ward allergic to any of the following?

- Drug /Medicine ☐ No ☐ Yes If yes, specify _____
- Vaccine ☐ No ☐ Yes If yes, specify _____
- Food ☐ No ☐ Yes If yes, specify _____
- Others ☐ No ☐ Yes If yes, specify _____

2. Has your child / ward received any HPV vaccine before?

☐ No ☐ Yes If yes, specify _____
(vaccine type and date(s) of vaccination)

3. Does your child / ward have any medical conditions or illness recently or has a long-term medical condition?

☐ No ☐ Yes If yes, specify _____

P.T.O.

4. Is your child / ward currently taking any medication?

☐ No ☐ Yes If yes, specify _____

ii) AGREEMENT / CONSENT

☐ **YES**, I agree and consent for my child / ward to receive from the School Health Service all the doses of HPV vaccine (Cervarix), as stated in **Annex I**. I have read and understood the possible side-effects of the HPV vaccination as set out in **Annex II**. I understand that the vaccination will only be given if my child / ward has not already received / completed the HPV vaccination.

☐ As my child is left handed, please give the injection in the right arm.

☐ **NO**, I do not consent for my child / ward to receive the HPV vaccination from the School Health Service because:

☐ I wish to take my child / ward to my family doctor for HPV vaccination.

☐ She has already received / completed HPV vaccination.

☐ _____

(Please specify reason)

I confirm that the information provided in this Form is true to the best of my knowledge.

Name of *Father / Mother / Guardian: _____

NRIC No. of *Father / Mother / Guardian: _____

Contact Number: (HP) _____ (H) _____(O) _____

Email Address: _____

Signature of *Father / Mother / Guardian: _____ Date: _____

*(*Please delete accordingly)*

Should you wish to change your choice of consent for the national school-based HPV vaccination programme at a later date, please write to:

Deputy Director
School Health Service
Youth Preventive Services Division
Health Promotion Board

For official downtime use:

Type of HPV Vaccine	Dose Sequence	Name / Signature / Date	
		Screener	Vaccinator
Cervarix	Dose 1		
Cervarix	Dose 2		
Cervarix	Dose 3		

ANNEX I – HPV VACCINATION SCHEDULE FOR CERVARIX

Age at the time of first dose	Number of doses and interval
9 to and including 14 years	**2 doses.** The second dose given between 5 and 13 months after the first dose
15 years or older	**3 doses.** The second dose given between 1 and 2.5 months after the first dose. The third dose given between 5 and 12 months after the first dose.

ANNEX II – POSSIBLE SIDE-EFFECTS

HPV vaccine, as with any other vaccines, can result in side-effects. These are generally mild and resolve on their own. The common side-effects that may occur include:

- pain, swelling, itching, redness at the site of injection
- mild to moderate fever
- headache
- nausea
- feeling lightheaded, dizzy or weak.

Parents should seek medical advice if your child continues to experience the side-effects.

More severe side-effects, such as an allergic reaction to the vaccine or vaccine component can occur, as with other vaccines. But these are extremely rare and normally occur immediately after the vaccination. Your child will be monitored for a short while following vaccination by the vaccination team who are equipped to manage such event.