

INFORMATION/OFFER

Vaccination against HPV

On January 1st, 2010 vaccination against HPV was added to the Swedish vaccination program. HPV is an abbreviation for Human Papillomavirus – a virus that can cause cell changes in the cervix, among other things, which could lead to cervical cancer. The vaccine against HPV protects against over 70% of all cervical cancer. Vaccination at a young age and attendance for regular screening tests when called will provide very good protection against cervical cancer.

Girls born in 2002 or later are offered vaccination when they are in the 5th to 6th grade of school.. To be sufficiently effective, the vaccine is given twice, at an interval of at least 6 months and no more than 12 months. The vaccination is voluntary. On this form you can notify us if your child is to receive the vaccine or not by checking one of the boxes below. If you do not give your consent, this means that your daughter cannot be vaccinated.

Data on HPV vaccination is registered from 1 January 2013 in vaccination registers for follow-up. The data will be protected by secrecy under the Public Access to Information and Secrecy Act (2009:400). To follow up the HPV vaccination program, the data may be matched with other healthcare data registers and HPV analysis of samples kept in the healthcare system may be performed.

This consent applies to both doses. We also ask you to answer the questions in the health declaration form below. Please notify us if circumstances change between the doses. If you have further questions, contact the school nurse or school doctor.

Vaccination against HPV Return this form to the school nurse no later than DD/MM/YYYY

.....
Name of girl personal identity number class

Yes, I consent to my child being vaccinated.

No, I do not wish my child to be vaccinated

Health declaration (If you answered No to vaccination, you do not need to answer)

- Does the child suffer from severe allergy Yes No
- Has the child ever had a serious allergic reaction to any previous vaccine Yes No
- Does the child suffer from any serious chronic disease..... Yes No

If you answered yes to any of the questions above, please provide additional information on the back of the form.

Signatures: Place: Date:

.....
Signature of parent/guardian Name in block capitals Telephone number (daytime)

.....
Signature of parent/guardian Name in block capitals Telephone number (daytime)

To be signed by both guardians in the case of joint custody.

