

Human Papillomavirus (HPV) CONSENT FORM



WHAT IS HPV?

The Human Papillomavirus (HPV) is a virus with more than 130 HPV types. Some types of HPV are common sexually transmitted infections and can lead to the development of cervical cancer in women. HPV infection is very common. About 70% of women will have had at least one genital HPV infection over their lifetime.

HPV types are classified as high or low risk based on their association with cancer. HPV types 16 and 18 are classified as high risk and are most commonly associated with the development of cervical cancer. HPV types 6 and 11 are low risk, are not linked to cancer, and are most commonly associated with 90% of genital wart infections. Certain HPV infections can cause rare cancers of the penis, anus, vulva and vagina.

In Ontario, there are approximately 550 women diagnosed with cervical cancer and 150 deaths each year.

How is HPV spread?

- HPV is most commonly spread during sexual activity by skin to skin contact with an infected person.

HPV IMMUNIZATION RECORD

Student's Name: _____

Date of Birth: _____

1. _____
2. _____
3. _____

Keep this important record with your personal health files when the three injections have been given. If your child has already had the vaccine, please provide the dates above and return.

Unless cancelled, this request is valid for the time period needed to give the three doses of the vaccine.

Who should get the HPV vaccine?

- The HPV vaccine Gardasil® is for females aged 9 to 26.
- It is most effective when given before sexual activity begins.
- The provincial government is funding the HPV vaccine at no cost to females in grade 8 only. At this time there are no plans to extend the program to females in any other grade. To participate in the program females must start the 3-dose series during their grade 8 school year.

How is the HPV vaccine given?

- The vaccine is given as a needle in the arm.
- Three shots of the HPV vaccine are required for protection.
- The three shots are given within one year; usually the second shot is 1-2 months after the first shot, and the third shot 4-6 months after the first.

CONSENT FOR HPV IMMUNIZATION

Last Name _____

First Name _____

Sex: female (Only)

Date of Birth : year _____ month _____ day _____

Health Card #:

School: _____ Room: _____

I have read or had explained to me this information about the vaccine. I have had the chance to ask questions, which were answered to my satisfaction.

I ASK THAT THE ABOVE NAMED BE VACCINATED AGAINST HPV (THREE DOSES).

Date: _____ Signature: _____

Phone #: home _____ bus. _____

Parent/Guardian Name: *(please print)*

IS THE VACCINE SAFE?

Although side effects are rare, the most common side effects of the vaccine are:

- Redness, soreness, and swelling at the injection site
- Other reactions may include fever, headache, nausea, dizziness, fatigue, joint pain, and rashes and should subside in 1 to 2 days
- Allergic reactions like hives, wheezing, swelling of the face and mouth are rare. However, if these symptoms occur, seek medical attention immediately and inform the Health Unit
- There are other extremely rare but serious side effects reported but NOT proven. These can be found at www.merckfrosst.ca (Gardasil®)

WHO SHOULD NOT GET THE HPV VACCINE?

You should not get the HPV vaccine if you:

- have already been fully vaccinated with Gardasil®
- had a bad reaction to a previous dose of the HPV vaccine
- have a yeast allergy
- are allergic to any of the ingredients in the vaccine (aluminum, sodium chloride, L-histidine, polysorbate 80, sodium borate)
- are pregnant

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FOR NURSE'S USE ONLY:

VACCINE: Gardasil® 0.5 mL intramuscular

#1 Right/left

deltoid	date	time	lot #
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Nurse's signature: _____

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#2 Right/left

deltoid	date	time	lot #
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Nurse's signature: _____

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#3 Right/left

deltoid	date	time	lot #
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Nurse's signature: _____

PARENTS/GUARDIANS

If you wish to immunize your child for HPV:

- Please complete and sign the consent form on the front of this form and return it to the school
- Please keep the rest of this form for your information

In Ontario, the *Health Care Consent Act* requires that appropriate consent be obtained before an immunization is provided. There is no specific age requirement in order to be considered capable of providing consent. As long as the person is capable of understanding the information regarding the immunization, and the consequences of consenting or not consenting to the immunization, they are able to provide consent.

When a student's wishes in relation to immunization differs from those of his/her parent/guardian, the Public Health Nurse will not give the vaccine, but will call the parents within a few days to discuss the issue and determine the appropriate next steps.

For more information, please contact:

The Vaccine Preventable Diseases program at the Leeds, Grenville and Lanark District Health Unit at 613-345-5685 or 1-800-660-5853

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This information is collected under the authority of Sections 2 and 5 of the **Health Protection and Promotion Act** and Ont. Reg 585/94 under the **Health Cards and Numbers Control Act** and Section 11 under the **Immunization of School Pupils Act** for the purpose of maintaining an immunization record for this student. For more information, contact the Freedom of Information Co-ordinator at your public health unit.