



## HUMAN PAPILLOMAVIRUS (HPV) IMMUNIZATION

### FEMALE STUDENT INFORMATION (Please Print)

Student's Last Name:			Student's First Name:		
Birth Date:				Health Card #:	
	<i>Year</i>	<i>Month</i>	<i>Day</i>		
School:					
Teacher's Name:					
Parent/Guardian Contact Information:			Home:		Work:

### HUMAN PAPILLOMAVIRUS (HPV) CONSENT

I acknowledge that I have read The Regional Municipality of York's Human Papillomavirus (HPV) Vaccination Program For Grade Eight Females Fact Sheet (on reverse), or it has been read to me. I understand the benefits and possible side effects of the HPV vaccine and that certain persons listed in the Fact Sheet should not get the HPV vaccine. I consent to the HPV vaccine being given to me or my child. In addition, I am aware that personal health information collected on this form may be shared with another doctor or nurse if that is required for care. Unless consent is withdrawn, this signed consent is valid for the time period required to give 3 doses of vaccine.

Should you not want your information released to another doctor or nurse, please check here or advise the Health Unit in writing.

Student Signature:		Date:
Parent/Guardian Signature:		Date:
<b><u>OR</u></b> Vaccine Refused: Student/Parent/Guardian Signature		Date:

### FOR NURSE'S USE ONLY

Vaccine	Date	Time	Lot #	Site Deltoid	Signature with Designation
Gardasil® 0.5 mL Intramuscular				R L	
Gardasil® 0.5 mL Intramuscular				R L	
Gardasil® 0.5 mL Intramuscular				R L	

### **NOTES:**

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact the Manager of Community Clinics of the Infectious Diseases Control Division by calling (905) 830-4444, ext. 3578; TTY 1-866-252-9933

## Human Papillomavirus (HPV) Vaccination Program For Grade Eight Females

### What is HPV?

- HPV is a common virus with more than 100 strains. Some strains of HPV cause cervical cancer, which is responsible for about 400 deaths per year in Canada. Other strains of HPV cause genital warts
- HPV spreads through sexual contact with an infected person. The risk of being exposed to HPV increases with having sex at an early age, having many sex partners, or having sex with someone who has had many partners
- Many people with HPV do not have any symptoms and can spread the virus without knowing it. About 75 per cent of sexually active people have been exposed to HPV. Both males and females can be infected with HPV

### What is Gardasil®?

- Gardasil® is a vaccine that protects against four strains of HPV
  - two strains of HPV that cause 70 percent of cases of cervical cancer in Canada
  - two strains of HPV that cause 90 percent of cases of genital warts
- Gardasil® is recommended for females between the ages of nine and twenty-six. It is currently being provided for all females in grade eight at no cost by the provincial government
- Gardasil® is most effective if it is received *before* becoming sexually active. Three injections are needed over a period of a few months to receive full protection

### What are the side effects of Gardasil®?

Gardasil® is safe and well tolerated. If side effects occur, they are usually mild, such as pain, swelling, itchiness and redness where the shot was given.

Some people may have a headache, fever, nausea and swelling of the throat and nose passages. More serious side effects or allergic reactions are very rare. See a health care provider immediately if a serious reaction occurs following vaccination.

### Who should not get Gardasil®?

The vaccine should not be given to anyone who:

- has already been fully vaccinated with Gardasil®
- has had a bad reaction to a previous dose of Gardasil®
- is fighting an infection, unless it is a simple cold
- has an allergy to any of the ingredients (yeast, aluminum, sodium chloride, L-histidine, polysorbate 80, sodium borate)
- has a complicated health condition
- is pregnant

For more information, please call York Region *Health Connection* at 1-800-361-5653; TTY 1-866-252-9933 or visit [www.york.ca](http://www.york.ca)

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