

Information and offer of vaccination against HPV

In 2010, vaccinations against human papillomavirus (HPV) for girls were introduced in the Swedish childhood vaccination programme. As of August 2020, the HPV vaccination will be offered for all children in year 5 of compulsory school. An HPV infection can cause cellular changes which in the long term can lead to cancer of the cervix, throat, genital organs and anus.

For the vaccine to have full effect, it is given twice over an interval of at least 6 months. If you start the course of vaccinations at 15 years or older, three doses are required.

Using this form, you can notify us of whether your child is to be vaccinated or not by ticking the boxes below. If you do not provide your consent, your child cannot be vaccinated.

This consent includes all doses. In preparation of the vaccinations, we ask that you also answer the questions in the health declaration form below. Please notify us if circumstances change in between doses. If you want more information, or you have further questions, please contact your school nurse.

Vaccination for HPV

Return to school nurse no later than

Child's name

Personal identity number Class

Yes, I consent to my child being vaccinated

No, I don't want 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Has the child ever had a serious allergic reaction to any other vaccine? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Does the child have any serious chronic illness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

you answered yes to any of the questions above, please leave supplementary information on the back of the sheet.

Signatures Place: Date:

Signature of parent/guardian Name in block letters Telephone, daytime

Signature of parent/guardian Name in block letters Telephone, daytime

To be signed by both guardians if they have shared custody.

In accordance with the Act on Registers of National Vaccination Programmes (2012:453) all vaccinations within the childhood vaccination programme are reported in the national vaccination registry. More information is available at www.folkhalsomyndigheten.se

