

# Human Papillomavirus (HPV)

## Prevention Program



Please return this form to the school indicating “Yes” or “No”.

### THE VIRUS

Human Papillomavirus (HPV) is a common virus that affects both females and males. It is the most common sexually transmitted infection in Canada. There are many different types of HPV. Some can cause diseases of the genital area. For most people the virus goes away on its own. When the virus does not go away it can develop into cervical cancer, precancerous lesions, or genital warts, depending on the HPV type.

### HOW DO YOU GET HPV?

A male or female of any age who takes part in any kind of sexual activity that involves skin-to-skin genital contact is at risk. Many people who have HPV may not show any signs or symptoms. This means that they can pass the virus to others and not know it.

### IS HPV COMMON?

Approximately 75% of Canadians will have at least one HPV infection during their lifetime. There are about 1,400 Canadian women diagnosed with cervical cancer each year. It is the second most common cancer in women aged 20 to 44.

### IS THERE A CURE?

Treatment of cervical cancer requires surgery to remove HPV infected tissues as well as radiation and/or chemotherapy, depending on the advancement of the disease. Treatment of warts requires surgical removal or destruction of the infected tissue by chemicals.

All Grade 8 females in Ontario are eligible for this vaccine. It is given at an age before possible exposure to the virus.

Please cut off and return the lower portion to the school. Keep upper half for your information



### REQUEST FOR HUMAN PAPILOMAVIRUS (HPV) VACCINE

**Student's Name:** Last \_\_\_\_\_ First \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_  
year month day

**If she has already received HPV vaccine, please provide the dates:**

**Date :** Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy mm dd yyyy mm dd yyyy mm dd

**Student's Health History: Please circle yes or no for all questions below – if yes, describe briefly.**

- |  |    |     |       |
|--|----|-----|-------|
| 1. Serious medical conditions  | no | yes | _____ |
| 2. Currently taking over-the-counter or prescription medications                             | no | yes | _____ |
| 3. Allergies to yeast, aluminum, sodium chloride, L-histidine, polysorbate or sodium borate. | no | yes | _____ |
| 4. Previous reaction(s) to any immunizations   | no | yes | _____ |

I have read the information about the vaccine and had my questions answered to my satisfaction.

#### YES

I consent for the above-named to receive the three-dose series for HPV vaccine.

Parent/Guardian Signature: \_\_\_\_\_  
(in ink)

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date: \_\_\_\_\_

#### NO

I DO NOT consent for the above-named to receive the HPV vaccine.

Parent/Guardian Signature: \_\_\_\_\_  
(in ink)

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date: \_\_\_\_\_

## THERE IS PREVENTION

The HPV vaccine is nearly 100% effective in protecting women against four HPV types: 6, 11, 16 and 18. HPV types 6 and 11 are responsible for about 90% of genital warts, whereas HPV types 16 and 18 cause about 70% of cervical cancers.

## IS THE VACCINE SAFE?

The vaccine is safe. It may cause minor side effects such as redness, tenderness and swelling at the injection site. Less commonly, fever, nausea, dizziness and headache occur. More serious reactions such as hives, trouble breathing or swelling of the face or mouth are extremely rare. Most instances begin within 30 minutes after injection of the vaccine.

Contact the Grey Bruce Health Unit for more information.

519-376-9420  
519-881-1920  
1-800-263-3456

## WHO SHOULD NOT RECEIVE THE VACCINE?

Anyone who:

- Has had an allergic reaction to a previous dose of the HPV vaccine.
- Has a serious illness on the day the needle is to be given.
- Has an allergy to any of the ingredients in the vaccine which include: yeast, aluminum, sodium chloride, L-histidine, polysorbate or sodium borate.
- Is pregnant.

Complete the entire consent form and return it to the school.

If you do *not* wish for your child to receive this vaccine indicate this at the bottom of the consent form in the space provided and return it to the school.

If your child is unable to attend school on the day of the school clinic, she can receive the vaccine at the Grey Bruce Health Unit.

**NOTE: This vaccine may cost \$150 or more *per needle* if not started by the Grey Bruce Health Unit during the Grade 8 year.**



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## FOR NURSE'S USE ONLY

VACCINE: Gardasil®

Dose: 0.5 ml

Route: IM

Dose #	Date/Time	Site	Lot Number	Nurse's Signature
1 (anytime)		right/left deltoid		
2 (>30 days)		right/left deltoid		
3 (>90 days)		right/left deltoid		

Comments:

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This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O.1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. Any questions regarding this collection may be directed to the Director of Finance and Administration at 101 17<sup>th</sup> Street East, Owen Sound, Ontario, N4K 0A5.(519)376-9420.