NORTHERN TERRITORY GOVERNMENT | NThealth

School Based Immunisation Program
Vaccine Consent

Human Papillomavirus (HPV) VACCINATION

Adult Diphtheria, Tetanus & Pertussis (dTpa) VACCINATION

Please complete and return this form to school as soon as possible

Student Details as Recorded on Medicare Card

Student First Name:	Student Last Name:
Date of Birth:	
Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say	
Address:	
Medicare Number: ☐☐☐☐☐☐☐☐☐☐ ☐	
☐ Non-Aboriginal ☐ Aboriginal ☐ Aboriginal and Torres Strait Islander ☐ Torres Strait Islander	
School:	Year Level & Class:
Language Spoken at Home: ☐ English ☐ Other – please specify	
Interpreter Required: Yes ☐ No ☐	

Parent / Legal Guardian / Authorised Person Details

First Name:	Last Name:
Phone Number:	Email:
Relationship to Student: ☐ Parent ☐ Legal Guardian ☐ Authorised Person	
Language Spoken at Home: ☐ English ☐ Other – please specify	

Pre-Vaccination Checklist - tick all that apply

☐ previously had a severe reaction to a vaccine	☐ lowered immunity (e.g. cancer, HIV, radiotherapy, chemotherapy, steroid treatment)
☐ allergies	☐ bleeding disorder
☐ medical conditions	☐ pregnant or may be pregnant
Provide details here:	

Consent Statement

- I have read and understand the information on the HPV and dTpa vaccine fact sheets.
- I understand this consent form is valid until the vaccine course is complete or consent is withdrawn.
- I understand vaccination details will be recorded on the Australian Immunisation Register and NT Immunisation Register.

Privacy Statement
*The information on this form will be recorded on the Australian Immunisation Register (AIR) and immunisation records can be accessed through MyGov. All personal information collected and disclosed to AIR by NT Health will be handled in accordance with the Information Act 2002 (the Act) including requirements set by the Information Privacy Provisions (IPPS) at schedule 2 of the Act. NT Health takes all responsible steps to ensure the information we collect is stored securely, protecting it from misuse, loss, unauthorised access, modification or disclosure. All information disclosed to AIR(Cth) is subject to the Australian Immunisation Register 2015 and the Privacy Act 1988(Cth). For further information please contact 08 89992668 or legal.health@nt.gov.au

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Adult Diphtheria, Tetanus & Pertussis (dTpa) VACCINATION

School Based Immunisation Program
Vaccine Consent

Student Name:	**DOB:**	**Year Level & Class:**

Human Papillomavirus (HPV) Vaccine Consent available to all students from year 7		**Adult Diphtheria, Tetanus & Pertussis (dTpa) Vaccine Consent** available to all students from year 7	
☐ **YES**	**I give consent** for my child to receive a single dose of the human papillomavirus vaccine. **Name:** **Signature:** Date:	☐ **YES**	**I give consent** for my child to receive a single dose of the adult diphtheria, tetanus, pertussis vaccine. **Name:** **Signature:** Date:
☐ **NO**	**I do not give consent** for my child to receive a single dose of the human papillomavirus vaccine. **Name:** **Signature:** Date: Already Vaccinated: Y☐ N☐ Unsure☐	☐ **NO**	**I do not give consent** for my child to receive a single dose of the adult diphtheria, tetanus & pertussis vaccine. **Name:** **Signature:** Date: Already Vaccinated: Y☐ N☐ Unsure☐

Phone / Verbal Consent – for use by NURSE VACCINATOR ONLY

Date:	Time:	Phone Number:
Parent/Legal Guardian/Authorised Person Name:		
Relationship to Student:	Email:	

Verbal consent obtained for one dose of human papillomavirus (HPV) vaccine	☐ **YES**	☐ **NO**
Verbal consent obtained for one dose of adult diphtheria, tetanus and pertussis (dTpa) vaccine	☐ **YES**	☐ **NO**

Staff Name:	Staff Signature:	Designation:
Comments:		

Office Use ONLY

AIR checked Y☐ N☐ Date: Initials:

Vaccine & Dose	Date & Time Given	Batch Number	Site Arm		Vaccinator Name	CCIS
HPV dose – 1			☐ Left	☐ Right		
dTpa dose – 1			☐ Left	☐ Right		

Reason **not** Vaccinated:

Signature: Date:

For further information regarding the School Based Immunisation Program please contact Centre of Disease Control (CDC):
Darwin **8922 8044** or Regional Centres: Katherine **8973 9049**; Alice Springs **8951 7540**; Nhulunbuy **8987 0357**; Tennant Creek **8962 4259**