



**Providence English Pvt. School**  
**مدرسة العناية الانجليزية الخاصة**

24/10/2024

Dear parents,

Greetings from Providence English private school, Sharjah!

This is to inform you that, as per the guidelines of Ministry of health, **influenza vaccine** will be provided for students of year 2,3,4,5,6,7,8,9,10,11,12 and 13 at school. Therefore, we request you to sign the consent form, fill out the pre vaccination Questionnaire, and send a hard copy to school nurse on or before Thursday 31/10/2024.

Please tick (✓) the appropriate box

I do agree that my child can be vaccinated

I disagree because (please specify the reason)

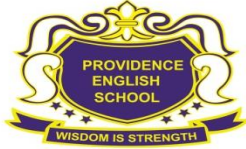
Student name : ----- class :----- division:-----

Parent's / guardian's name: .....Relationship: .....

Mobile phone no: .....

Signature: .....

Date: / /



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**Pre-vaccination Questionnaire**

Student Name:-----
class & division : -----
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: .....
Telephone No.: Mobile -----
email id : -----

s.no	Article / Item	yes	no
1.	Has the student ever experienced any drugs sensitivity, food allergy, reaction to vaccines, or any othersensitivity? Please mention it if any.....		
2.	Has the student ever Experienced any sensitivity, or complications post vaccination? If the answer is yes please mention such complications.....		
3.	Has the student ever suffered from any convulsions or any brain problems (neurological diseases)?		
4.	Does the student or any family member suffer from any health conditions that depress the immunity like leukemia, lymphoma, organ transplantation ,etc.		
5.	Did the student receive any medications containing steroids, cancer medications, or chemotherapy within the last three months?		
6.	Did the students receive any blood transfusion or antibodies or plasma within the last year? If yes please mention the date: .....		
7.	Does the student suffer from any disease or receive any medications that affect coagulation? Please explain: .....		
8.	Did the student receive any vaccination during the last month? If yes please mention the name & the date of the vaccine received .....		

Parent's name: .....

Parent's Signature: .....