

School Health Program - Immunization Consent Form for Grade 11

Student's name:		
Emirate ID number:		
Due to the important role of taking vaccines as infectious diseases according to the ministerial below mentioned vaccines for students studying. Table for important vaccines to be taken	decree no: (14)*, the School F g in grade 11	
Vaccine	Administration route	Grade
Conjugate Meningococcal Vaccine لقاح الحمى الشوكية المقترن	Injection حقنة	11
Tdap Vaccine	Injection	
ruap vaccine الثلاثي اللاخلوي	حقنة	
☐ Yes, I do agree that my son / daughter can be vaccinated		
If you would like to refuse taking vaccine for your son/ daughter please tick ($\sqrt{\ }$) any of the following reasons:		
☐ Because, he/ she received meningococcal vaccine in the last five years (Please send an official prove for that)		
He/ she has a medical condition which prevents him / her from taking the vaccination now (Please send an AUTHENTICATED report explaining the medical condition to the school nurse)		
☐ Other reason please specify		
Parent's / Guardian's Name		
Mobile phone no: Signature:		
Date: / /		
If you require any further queries, please contact the school nurse.		

- Any parent/guardian MUST accompany his/her child to the nearest vaccination service for taking recommended vaccines in line with the National Immunization Schedule for the UAE.
- The ONLY condition that could be considered as EXEMPTION from taking any vaccine is due to prove medical contra indication/ reason.

^{*}As per ministerial decree no: (14) for 2014 where under paragraphs no: 21 & 24 the following must be fulfilled: