



IIS/CIR/028/2021-2022
10/10/2021

Dear Parents,

“Greetings from IIS Family”

This is to inform you that the School Health Department, Ajman will be administering free dose of **Dtap/IPV, Polio, MMR and Varicella (prevent chicken pox)** in the Academic Year 2021-2022 for the students of **Grade I**.

If your child has not been vaccinated earlier and if you would require the school to do so, kindly fill the **Consent Form** and **Pre-vaccination questionnaire** and attach your child's **vaccination card copy** along with the signed forms and send to the respective class teachers through **School Orison portal**. If your child had any allergic episodes earlier, kindly mention in the form.

We will be administering the vaccines to students on an appointment basis in school. Appointment date and time of your ward will be intimated shortly by the respective class teacher.

Note:

- The students who have already taken the vaccination may not take again.
- If your child had Chickenpox before, varicella vaccine need not be taken.
- Students who have taken Covid 19 vaccination should submit their Al Hosn vaccination report as there is a time interval between these vaccines (21 days).

PRINCIPAL
Ms. Qurat Ul Ain



إستبيان ما قبل جرعة التطعيم Pre-vaccination Questionnaire

Student Name:	اسم الطالب / ة:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	الجنس: <input type="checkbox"/> ذكر <input type="checkbox"/> انثى
Date of birth:	تاريخ الميلاد:
School Name :.....Class/section:.....	المدرسة:.....الصف/ الشعبة
Telephone No.: Mobile Home	رقم الهاتف: موبايل منزل:

للتأكد من إعطاء التطعيم بشكل آمن، يقوم ممرض /ة المدرسة بطلب معلومات عن ابنك / ابنتك ، يرجى تعبئة هذا النموذج قبل إعطاء التطعيم.
سيتم توزيع استبيان التطعيم في بداية العام الدراسي . يرجى إبلاغ ممرض/ة المدرسة عن أي تغيير في صحة الطالب/ة خلال العام الدراسي الحالي
للطالب/ة مما قد يؤثر على إعطاء جرعة التطعيم .

To administer the vaccine safely to your child, the school nurse would some information about your son / daughter .
Kindly fill this form before we give the vaccination to your child. We will distribute this form at the beginning of the academic year .Please inform the school nurse about any changes in your child's health during this academic year/ which might affect giving your child the vaccination dose.

الرقم No.	البند Article / Item	نعم Yes	لا No
1.	هل لدى الطالب/ة حساسية من أي نوع من الأدوية ، الأطعمة، التطعيم او حساسية من أي شيء اخر؟ اذكرها Has the student ever experienced any drugs sensitivity, food allergy, reaction to vaccines, or any other sensitivity? Please mention it if any.....		
2.	هل تعرض الطالب/ة سابقا لأي حساسية او مضاعفات بعد التطعيم؟ اذا كانت الاجابة نعم يرجى ذكر المضاعفات Has the student ever Experienced any sensitivity, or complications post vaccination? If the answer is yes please mention such complications.....		
3.	هل تعرض الطالب/ة لتشنجات أو مشاكل في الدماغ (الجهاز العصبي) Has the student ever suffered from any convulsions or any brain problems (neurological diseases)?		
4.	هل يعاني الطالب/ة او احد افراد العائلة من اي حالة قد تضعف الجهاز المناعي للطالب مثل سرطان الدم، سرطان الغدد الليمفاوية، زراعة الاعضاء، الخ؟ Does the student or any family member suffer from any health conditions that depress the immunity like leukemia, lymphoma, organ transplantation ,etc.		

5.	هل تناول الطالب/ة أي دواء يحتوي على الكورتيزون، أدوية السرطان أو العلاج الكيماوي في الثلاث شهور السابقة؟ Did the student receive any medications containing steroids, cancer medications, or chemotherapy within the last three months?		
6.	هل تعرض الطالب/ الطالبة لنقل دم أو اجسام مضادة أو بلازما خلال العام السابق ؟ إذا كانت الاجابة نعم اذكر التاريخ Did the students receive any blood transfusion or antibodies or plasma within the last year? If yes please mention the date:		
7.	هل يعاني الطالب/ الطالبة من اية أمراض او اي ادوية لمنع تجلط الدم؟ وضح Does the student suffer from any disease or receive any medications that affect coagulation? Please explain:		
8.	هل تم اعطاء الطالب/ة اي تطعيمات خلال الشهر السابق؟ اذا كانت الاجابة نعم اذكر اسم التطعيم وتاريخه : Did the student receive any vaccination during the last month? If yes please mention the name & the date of the vaccine received		

Do you want to inform us about any other thing:	ملاحظات هامة تود ذكرها :
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Notes: <ul style="list-style-type: none"> Please send a preschool vaccination card copy to the school nurse. Please send a copy of any medical report related to the student's health which might affect the vaccination. Please inform the school nurse or the school administration about any changes in the child's health that might affect the next vaccination dose. 	ملاحظات: <ul style="list-style-type: none"> يرجى ارسال صورة عن بطاقة التطعيم (ما قبل دخول المدرسة) يرجى ارسال صورة عن أي تقارير طبية تتعلق بالطالب/ الطالبة وتتعارض مع التطعيم المقرر اعطاؤه. يرجى ابلاغ ممرض/ة المدرسة بأية تغيرات على ما ذكر أعلاه قد تطرأ على صحة ابنكم/ابنتكم بين جرعات التطعيم.
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Parent's name: Parent's Signature: Date:	اسم ولي الامر: توقيع ولي الأمر: التاريخ:
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For any inquiry: please communicate with the school nurse

للاستفسار: يرجى التواصل مع ممرض/ ممرضة المدرسة



School Health Program - Immunization Consent Form for Grade 1

Student's name:

Emirate ID number:

Due to the important role of taking vaccines as a strong public health preventive approach against a set of infectious diseases according to the ministerial decree no: (14)*, the School Health program is offering the below mentioned vaccines as boosters vaccination doses for students studying in grade 1

Table for important vaccines to be taken at grade 1:

Grade الصف	Administration route طريقة إعطاء اللقاح	Vaccine التطعيم
Grade 1	Injection حقنة	Second dose of Measles, Mumps, Rubella(MMR) الجرعة الثانية من لقاح الحصبة، الحصبة الألمانية، النكاف
	Injection حقنة	Combined: Diphtheria, Tetanus, a cellular Pertussis & IPV (DTaP, IPV) اللقاح المركب ويحتوي: الدفتيريا والتيتانوس والسعال الديكي مع شلل الأطفال المعطل
	2 Drops/Mouth نقطتين بالفم	Polio (OPV) شلل الأطفال الفموي
	Injection حقنة	Second dose of Varicella Vaccine 2nd dose الجرعة الثانية من لقاح تطعيم الجدري المائي

☐ Yes, I do agree that my child can be vaccinated

If you would like to refuse taking vaccine for your child please tick (✓) the related reason:

- ☐ My child 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)
- ☐ I disagree because my child has been vaccinated before with one of above mentioned booster doses.
(Please send an official prove for that)
- ☐ Other reason please specify

Parent's / guardian's name: Relationship:

Mobile phone no: Signature:

Date: / /

If you require any further queries, please contact the school nurse.

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

- 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.