



IIS/CIR/023/2021-2022
28/09/2021

Dear Parents,

“Greetings from IIS Family”

This is to inform you that the School Health Department, Ajman will be administering free dose of **TdaP** and **Conjugate Meningococcal vaccine** for the students of **Grade XI** in the Academic Year 2021-2022.

If your child has not been vaccinated earlier and if you would require the school to do so, kindly fill the below **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 above mentioned vaccination may not take again.

Students who took covid 19 vaccination should submit their Al Hosn Vaccination Report.

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 Date of birth:	الجنس: <input type="checkbox"/> ذكر <input type="checkbox"/> انثى تاريخ الميلاد:
School Name :.....Class/section:.....	المدرسة الصف/ الشعبة
Telephone No.: Mobile Home	رقم الهاتف: موبايل مزل:

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 الحالى
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.

الترتيب 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 آخر؟ 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 تضرعف الجهاز المناعي للطالب مثل سرطان الدم، سرطان الغدد اللبنية، زراعة الأعضاء، 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 يحوي على الكورتيكوستيرويدات، أدوية السرطان أو العلاج الكيماوي في الثالث شهر السابق؟ Did the student receive any medications containing steroids, cancer medications, or chemotherapy within the last three months?		
6.	هل تعرض الطالب/ الطالبة لنقل دم او اجسام مضادة او بالزما خلال الاعم السابق؟ اذا كانت الاجابة نعم اذكر التاريخ		
7.	هل يعاني الطالب/ الطالبة من اية امراض او اي ادوية تمنع 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 نود ذكرها :
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Notes: • 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: • 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:	اسم ولي المر:
Parent's Signature:	توقيع ولي المر:
Date:	التاريخ:

For any inquiry: please communicate with the school nurse

للاستفسار: يرجى التواصل مع ممرض/ة المدرسة



School Health Program - Immunization Consent Form for Grade 11

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 for students studying in grade 11

Table for important vaccines to be taken at grade 11:

Vaccine	Administration route	Grade
Conjugate Meningococcal Vaccine لقاح الحمى الشوكية المقترن	Injection حقنة	11
Tdap Vaccine الثلاثي اللاخلوي	Injection 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 (√) 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 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.