



SHARJAH INDIAN SCHOOL

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OUR VISION

Educate Enlighten Empower

Circular No. SIS/037/2023-2024

26th September 2023

(For the students of Grade XI Only)

Dear Parent
Sir/Madam

Sub: Conjugate Meningococcal & Tdap Vaccine

As per the instruction of the Ministry of Health we will be giving the Conjugate Meningococcal Vaccine & Tdap Vaccine to the students of Grade XI. You are required to fill in the attached forms (pre-vaccination questionnaire and immunization consent form) and submit the same along with a copy of your ward's childhood vaccination card to the concerned class teacher on or before 6th October 2023. If you do not have your ward's childhood vaccination card you are required to fill in and submit the self-declaration form to the class teacher.

Kindly note that all the students are required to submit the forms. Please go through the details carefully and fill up the relevant columns. In case your ward **does not require** the vaccine you are required to **give the reasons** as mentioned in the consent form.

Kindly cooperate for the health and safety of your ward.

Seeking your cooperation.

With regards,

**PRAMOD MAHAJAN
PRINCIPAL**



استبيان ما قبل جرعة التطعيم Pre-vaccination Questionnaire

Student Name:	اسم الطالب/ة:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth:	انثى <input type="checkbox"/> ذكر <input type="checkbox"/> : الجنس 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.

1	<p>هل لدى الطالب/ة حساسية من أي نوع من الأدوية ، الأطعمة، التطعيم او حساسية من أي شيء آخر؟ اذكرها</p> <p>Has the student ever experienced any drugs sensitivity, food allergy, reaction to vaccines, or any other sensitivity? Please mention it if any.....</p>	
2	<p>هل تعرض الطالب/ة سابقا لأي حساسية او مضاعفات بعد التطعيم؟ اذا كانت الاجابة نعم يرجى ذكر المضاعفات</p> <p>Has the student ever Experienced any sensitivity, or complications post vaccination? If the answer is yes please mention such complications.....</p>	
3	<p>هل تعرض الطالب/ة لتشنجات أو مشاكل في (الدماغ) الجهاز العصبي</p> <p>Has the student ever suffered from any convulsions or any brain problems (neurological diseases)?</p>	
4	<p>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؟</p> <p>Does the student or any family member suffer from any health conditions that depress the immunity like leukemia, lymphoma, organ transplantation ,etc</p>	
5	<p>هل تناول الطالب/ة أي دواء يحتوي على الكورتيزون، أدوية السرطان والعلاج الكيماوي في الثلاث شهور السابقة؟</p> <p>Did the student receive any medications containing steroids, cancer medications, or chemotherapy within the last three months?</p>	
6	<p>هل تعرض الطالب/ الطالبية لنقل دم او اجسام مضادة او بلازما خلال العام السابق ؟</p> <p>..... اذا كانت الاجابة نعم اذكر التاريخ</p>	

	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 أية أمراض أو أي أدوية لمنع تجلط الدم؟ وضح Does the student suffer from any disease or receive any medications that affect coagulation? Please explain:	
8	هل تم إعطاء الطالب/ة أي تطعيمات خلال الشهر السابق؟ إذا كانت الإجابة 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	

Notes	ملاحظة تود ذكرها
.....
.....
.....
.....
.....

Parent's name:	اسم ولي الأمر :
Parent's Signature:	التوقيع:
Date:	التاريخ:

For any inquiry: please communicate with the school nurse

للاستفسار : يرجى التواصل مع ممرض/ ممرضة 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 الالاهوي	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.

SELF DECLARATION FORM

I, Mr. / Mrs. _____ parent of Miss. _____

studying in Grade XI Section _____ would like to inform you that I have permanently lost my ward's original vaccination card and we don't have a duplicate copy of it. I assure you that she has not taken a) Tdap Vaccine b) Conjugate Meningococcal Vaccine for her age. So I request you to give her the above mentioned vaccines.

All prior vaccinations are completed as per the immunization schedule.

Name and Signature of the Parent: _____

Date: _____

Contact Number: _____