

Human Papillomavirus (HPV) School Immunization Program Fact Sheet / Consent Form

What is human papillomavirus (HPV)?

HPV is a common virus. Three out of four Canadians will have at least one HPV infection in their lifetime. There are over 100 HPV strains or types. In Canada, strains 16 and 18 cause 70% of cervical cancer. Strains 6 and 11 cause 90% of genital warts.

How can someone get HPV?

HPV is most commonly spread by skin to skin contact during intimate sexual activity with an infected partner. Some people never get symptoms but they still carry the virus and can infect their sexual partner(s).

What are the symptoms of HPV infection?

Most HPV infections do not have any symptoms. Symptoms can occur months after being infected. When someone gets infected, they can develop genital warts, which are usually painless but may itchy and uncomfortable. In some people, the virus can lead to cervical cancer. There are about 400 deaths from cervical cancer each year in Canada.

Is there a vaccine to prevent HPV infection?

Some HPV infections can be prevented with a vaccine. The vaccine Gardasil® is free to all females in grades 8 through 12. Gardasil® is highly effective against the four HPV strains that the vaccine protects against (strains 6, 11, 16 and 18).

Is the Gardasil® vaccine safe?

Yes, studies show that it is safe. Serious side effects are rare. Gardasil® was licensed in Canada after many studies showed it was safe and effective. Over 111 million doses have been given worldwide. Countries where the vaccine is used, including Canada, continue to monitor its safety. There is no risk of getting an HPV infection from the vaccine because the vaccine does not contain the live virus.

What else do I need to know about the Gardasil® vaccine?

Three doses are required for full protection. The ideal dosing schedule is the 2nd dose given 2 months after the first, and the 3rd dose given 6 months after the first. A shorter schedule which also gives full protection can be used in order to give all 3 doses at school-based clinics during the school year. The vaccine is most effective when given before becoming sexually active. Studies have shown good protection for seven years and likely longer. In the future, a booster dose may be required. *(continued over)*

HUMAN PAPILLOMAVIRUS (HPV) VACCINE CONSENT FORM

FEMALE STUDENT INFORMATION:

Last Name _____ First Name _____
 Birth Date: year _____ month _____ day ____ School _____ Room/Teacher _____
 Ontario Health Card # _____

PLEASE CHECK ALL THAT APPLY:

- YES**, I ask that the student named above be vaccinated with the HPV vaccine (up to 3 doses).
- NO**, I do **NOT** wish the above student to be vaccinated with the HPV vaccine.
- The above student **has** received one or more doses of HPV vaccine (**COMPLETE DATES ON REVERSE....**)

I have read or had explained to me the information about the HPV vaccine. I have had the chance to ask questions which were answered to my satisfaction. I understand the risks and benefits of receiving the HPV vaccine.

Date _____ Signature _____ Name (please print) _____
 Home Phone () _____ Work or Cell Phone () _____

