



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

What is human papillomavirus (HPV)?

HPV is a very common virus worldwide that can lead to cancer. There are over 100 strains or types, and it is estimated that without immunization, 75% of sexually-active Canadians will get HPV infection in their lifetime. It has been estimated to cause an average of 254 deaths and over 1,000 cases of cancer in Ontario every year (Ministry of Health and Long Term Care, June 2016).

How can someone get HPV?

HPV is 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. Some people can develop genital warts, which are usually painless but may be itchy and uncomfortable. In some people, the virus can lead to certain types of cancer.

Is there a vaccine to prevent HPV infection?

Some HPV infections can be prevented with a vaccine. Gardasil® is a highly effective vaccine, and protects against strains 6, 11, 16 and 18 which can cause cervical cancer, genital warts, anal cancer, penile cancer, and certain types of throat cancers. Beginning in the school year 2016-17, Gardasil® is free to all students in grade 7 (females and males) and to female students only in grades 8 through 12.

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?

In Grades 7 & 8, HPV is a 2-dose series. In Grades 9-12 it is a 3-dose series. The vaccine is most effective when given before becoming sexually active. Studies have shown good protection for seven years and likely longer. *(continued over)*

HUMAN PAPILLOMAVIRUS (HPV) VACCINE CONSENT FORM

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 () _____

