

School year 2015-2016

Surname + first name of pupil: ……………………………………………………....

 Date of birth: ……………………..........

School + class: ……………………………..

Dear parent,

The Flemish government offers vaccinations against certain diseases. According to our data, you have not had the vaccinations marked with a cross.

|  |
| --- |
|  ... vaccination(s) against **tetanus-diphtheria-pertussis-polio-*Haemophilus influenzae* type b-hepatitis B** (lockjaw-croup-whooping cough-infantile paralysis-*Haemophilus influenzae* type b-hepatitis B) |
|  … vaccination(s) against **tetanus-diphtheria-pertussis-poliomyelitis** (lockjaw-croup-whooping cough-infantile paralysis) |
|  … vaccination(s) against **polio** (infantile paralysis) |
|  ... vaccination(s) against **measles-mumps-rubella\*** |
|  ... vaccination(s) against **hepatitis B**  |
|  1 vaccination against **group C meningococci** |
|  |

\*following the vaccination with the measles-mumps-rubella vaccine, girls of childbearing age must - if necessary - use a reliable form of contraceptive to prevent pregnancy for 1 month after vaccination.

**To give permission for the administration of this missing vaccinations: please turn over!**

* The completed permission letter can be handed in at school.

**For more information** about the vaccinations and the diseases against which the vaccinations are effective: **see enclosed letter.**

* You may keep this letter with explanation.

Please do not hesitate to contact us if you have any further questions. You can reach us on telephone number: xx/xxx xx xx

Thank you for your cooperation,

The CLB physician and CLB nurse

(PLEASE COMPLETE THIS LETTER AND RETURN IT TO THE SCHOOL)

PERMISSION LETTER

**Catch-up vaccinations**

|  |  |  |
| --- | --- | --- |
| **Please mark the desired choice with a cross.**🞏 I want the **CLB** to give my child the vaccinations marked by a cross, free of charge. 🞏 I want my child to be vaccinated by the **GP/paediatrician**. Please inform the GP/paediatrician, so that he/she can order the vaccine in advance.🞏 My child has already received the vaccination(s) ………………………… on: …../…../….. ……………………….. on: …../…../…..🞏 I refuse to allow my child to be vaccinated for the following reasons: ..................................................................................... |   |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please note!** The following questions will help us to detect any possible contra-indication for vaccination. In this case, allergy refers to ‘the swelling of mouth or throat’ and/or ‘breathing difficulties’ and/or ‘problems with the heart’.

|  |  |  |  |
| --- | --- | --- | --- |
| Is your child allergic to:  | vaccines  |  yes |  no |
|  | antibiotics (neomycin, streptomycin and polymyxin) |  yes |  no |
|  | eating or breathing in yeast or gelatin |  yes |  no |
| Has your child exhibited severe reactions to a vaccination in the past? |  yes |  no |
| Does your child have severely reduced immunity to viruses and bacteria? This can be the case if your child has cancer, is undergoing treatment with chemotherapy, was born with reduced immunity, is undergoing long-term treatment with medication that suppresses the immune system, has a disease of the thymus gland or an HIV infection. |  yes |  no |
| Does your child suffer from a disease that causes a drop in the number of blood platelets, or has your child suffered from this in the past?  |  yes |  no |
| Has your child received immunoglobulins or blood products in the past year? |  yes |  no |
| Has your child received a vaccination in the past 4 weeks, or is a vaccination scheduled in the near future?   If yes, which vaccination and when was/will this vaccination be administered? ………………………………………………………………………………………………………………………… |  yes |  no |
| Does your child suffer from a nervous system condition that is not yet under control? |  yes |  no |

 |

 **Date: Name and signature** of parent: 

(YOU MAY KEEP THIS LETTER AT HOME)

MORE INFORMATION ABOUT THE VACCINATION PROCESS

and the diseases for which the vaccination(s) is/are given.

**Diseases**

**Polio** (infantile paralysis) can cause irreversible paralysis.

**Diphtheria** (croup) can cause severe inflammation of the throat and airways, resulting in a risk of suffocation. The heart and nerves can also be affected.

**Tetanus** (lockjaw) causes severe and painful muscle cramps, which can make it impossible to breathe.

***Haemophilus influenzae* type b** is a bacterium that can cause meningitis.

**Pertussis** (whooping cough) causes severe coughing fits, which can be dangerous for young babies.

**Measles** can make a child seriously ill with fever and skin rash. The disease is associated with complications such as pneumonia and meningitis.

**Mumps** can result in complications such as meningitis/encephalitis and orchitis (inflammation of the testes).

**Rubella** in itself is a harmless infection causing fever and a skin rash. However, if a woman experiences this illness during pregnancy, it can have severe consequences for the baby, such as deafness, blindness and heart abnormalities.

**Hepatitis B** is a virus that can cause inflammation of the liver. Some infected individuals become chronic carriers and are at risk of developing liver cirrhosis and liver cancer.

**Meningococci** are bacteria that can cause meningitis or septicaemia (blood poisoning).

* The recommended vaccinations offer the best possible protection against these diseases. A booster vaccination is sometimes required to ensure long-term protection.

**Vaccination**

Your child will receive the vaccination(s) in the upper arm.

**Who gives the vaccination**

The CLB vaccinates free of charge. The vaccine is also available free of charge from the GP or paediatrician, but the consultation fee does have to be paid.

**Reactions after the vaccination**

After the vaccination, your child can experience:

* a red swelling at the site of the vaccination, this can sometimes affect the entire arm;
* a painful, sensitive area at the site of the vaccination;
* flu-like symptoms and mild fever;
* decreased appetite, vomiting and diarrhoea.

These reactions are completely normal and usually disappear after a few days. A swelling of the entire upper arm will sometimes only disappear after 5 days. General reactions such as fever, headache, joint pain and skin rash can occur up to two weeks after the measles-mumps-rubella vaccine. Please contact your GP if the symptoms persist any longer or are more severe.

As with all medicines, a vaccine can cause side effects. The risk of a vaccine causing a severe side effects is extremely low.

letter translated from Dutch. Dutch language version can be requested via vaccins@zorg-en-gezondheid.be.