



## School Immunization Notification Form



Ministry of Health

Student Name:

Class:

Civil ID No.:

Dear parents,

We congratulate you for the new academic year and we hope it will be a successful and healthy year for our beloved students. We would like to inform you that the Ministry of Health, represented by the School Health Administration, will vaccinate the students with the mandatory vaccinations as mentioned in the following table:

According to the Basic Vaccinations Schedule issued by Ministry Of Health Decree No (75) issued in 2008

Information Regarding Vaccinations	Route	Vaccination Type	Gender	Grade
Prevent ear and brain inflammation, fetal anomalies & salivary glands inflammation.	Sub cutaneous (Shoulder)	(Measles, Mumps, Rubella)	Females	6 <sup>th</sup> Grade
Prevent fits & stiffness, respiratory problems, paralysis and perhaps death due to Diphtheria & Tetanus.	Intra muscular (Shoulder)	( Diphtheria, Tetanus )	Males & Females	5 <sup>th</sup> & 12 <sup>th</sup> Grade

### Information that may interest you?

**Law No.21: "Child Rights" year 2015: Section IX: The criminal treatment of the aggressor against the child**

**Article (83)** Without prejudice to any more severe punishment provided for in another law, *imprisonment shall be imposed for a term not exceeding six months and a fine not exceeding one thousand dinars or one of these penalties*; each guardian, trustee or lawfully charged with childcare **who does NOT vaccinate and immunize the child against infectious diseases and childhood diseases** according to the regulations and instructions issued by the specialized medical authorities

#### **Vaccines contraindications:**

Hypersensitivity or anaphylactic shock due to vaccine components or a previous DT or MMR dose, autoimmune diseases, Cancer, organ transplant, cortisone therapy with 20mg per day for at least 14 days (Inhalers, Nebulizer and creams are NOT included), active untreated tuberculosis.

Kindly, provide school nurse with your personal contact numbers and a recent certified medical report from your child treating doctor in case s/he **has any of the contraindication** mentioned above. Any hidden health information result in complications is under parent responsibility.

**Parent Signature:**.....

We wish your kind support & cooperation for the sake of our lovely children

For Inquiries

