

No:

My child has already had the vaccine (please sign and write dates when administered) and therefore does not need the vaccine.

Hepatitis B

1st Dose:	/	/	/
2nd Dose:	/	/	/
3rd Dose:	/	/	/

Signature: _____

OR

No:

No, after reading the information provided, I do not wish to have my child immunised with the hepatitis B vaccine at this time.

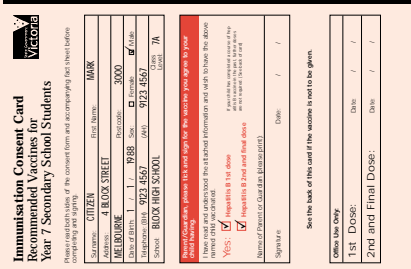
Signature: _____ Date: _____ / _____ / _____

Pre-Immunisation Checklist

- Before you have your child immunised, check this list. If any of the situations apply to your child, tell your doctor or nurse before immunisation in case the vaccine needs to be deferred:**
- Is unwell on the day of immunisation.
 - Has had severe reactions to any vaccine.
- People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.
- If you require further advice or information, please contact your local government health department or doctor.**

The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and Australian Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider.

KAKO ISPUNITI KARTICU ZA PRISTANAK NAKON ŠTO PROČITATE PRILožENE INFORMACIJE:



Immunisation Consent Card
Recommended Vaccines for Year 7 Secondary School Students

Parent or legal guardian of the consented form and accompanying fee must be taken completely and signing.

Address: CITIZEN, Mrs. Name: MARK
4 BUCKS STREET, PO BOX 3000
MELBOURNE VIC 3000
Phone: 03 923 4567
Fax: 03 923 4567
School: BUCKS HIGH SCHOOL, Date: / /
State: VIC

Important information please read and sign by the parent you agree to your child's immunisation.
I have read and understood the attached information and wish to have my child immunised with the hepatitis B vaccine.
 Yes, Hepatitis B is to do so.
 Yes, Hepatitis B is to do so and that I do so.
 Name of Parent or Guardian (Full Name): _____
 Signature: _____ Date: _____ / _____ / _____

See the back of this card if the vaccine is not to be given.

CHILD'S NAME ONLY

1st Dose:	Date:	/	/	/
2nd and Final Dose:	Date:	/	/	/

Za svu djecu

Molimo, unesite podatke djeteta.

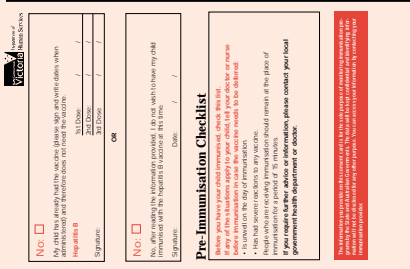
Zatim

Ispunite ovaj dio ukoliko želite da se Vaše dijete vakciniše.

ILI

Ispunite ovaj dio ako je Vaše dijete prije bilo vakcinisano protiv Hepatitisa B i ne treba mu vakcinacija.

Ispunite ovaj dio ako ne želite da se Vaše dijete vakciniše.



No: My child has already had the vaccine (please sign and write dates when administered) and therefore does not need the vaccine.

1st Dose:	/	/	/
2nd Dose:	/	/	/
3rd Dose:	/	/	/

OR

No: After reading the information provided, I do not wish to have my child immunised with the hepatitis B vaccine at this time.

Date: _____ / _____ / _____

Pre-Immunisation Checklist

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Hepatitis B vakcina - Program imunizacije za sedme razrede škole:

Važne informacije:

- Uskoro će vaša škola dobiti posjetu iz opštine u vezi ovog programa imunizacije.
- Važno je da se sve kartice vrate nazad u školu (čak i ako Vaše dijete neće biti vakcinisano) jer to pomaže praćenje zaštite protiv Hepatitisa B u Viktoriji.
- Ukoliko imate bilo kakvih pitanja ili informacija koje bi mogle pomoći opštini, molimo Vas kontaktirajte nas ili unesite prijedlog na kartici za pristanak.
- **Molimo Vas pročitajte priložene informacije prije nego što ispunite karticu za pristanak.**

Bosnian

Ne igrajte se. Obavite imunizaciju/
www.dhs.vic.gov.au/phd/immunisation/

Hepatitis B

Informacije o imunizaciji



Hepatitis B

Hepatitis B je virus koji uzrokuje ozbiljnu infekciju. Nalazi se u krvi i djeluje na jetru a može izazvati groznicu, mučninu, umor, tamnu mokraću i žutu kožu.

Sva djeca pod rizikom od hepatitisa B trebaju biti zaštićeni protiv ove bolesti. U ekstremnim slučajevima hepatitis B može uništiti jetru i uzrokovati smrt. Neke osobe mogu biti inficirane virusom i "nositi" ga dugo godina (čak i doživotno) i ne znajući. Ove osobe su u opasnosti da dobiju rak jetre i cirozu (scarring) jetre tokom života. Obe ove bolesti mogu izazvati smrt. "Nosioci" hepatitisa B mogu zaraziti virusom druge, zdrave osobe.

U Australiji, broj dijagnosticiranih infekcija hepatitisa B, dramatično se povećao u zadnjih 20 godina, sa nekoliko hiljada hronično inficiranih. Broj infekcija među maloljetnicima i odraslim mladima, pet puta je veći od nacionalnog prosjeka.

Hepatitis B virus se obično prenosi kroz krv inficirane osobe ili sa majke na dijete prilikom rođenja. U starijem dobu, virus se može prenijeti putem drogirane injekcijama, tetoviranje ili body piercing (probadanje usiju i drugih dijelova tijela), koristeći pribor koji nije sterilizovan, te kontakt sport

gdje dolazi do posjekotina i ogrebotina.

Jednom kada se dobije, hepatitis B je neizlječiv.

Hepatitis B imunizacija

Sva djeca u sedmom razredu škole, sada mogu dobiti vakcinu. Trenutno su odobrene i dvije doze hepatitisa B vakcine za maloljetnike od 11-15 godina, koje uključuju davanje dvaju doza u razmaku od 4-6 mjeseci.

Vakcine koje se koriste u Australiji sadrže, genetski modificiran dio virusa, malu količinu aluminijske soli i konzervansa.

Moguće nuspojave od hepatitisa B vakcine

Većina nuspojava su neznatne i brzo prestaju. Slijedeće reakcije nisu česte i ako se dogode, onda je to odmah nakon imunizacije:

- blaga groznica
- bol, crvenilo i oticanje mjesta uboda
- mučnina
- osjećaj slabosti
- bol u zglobovima

Ako se ove nuspojave dogode, one se mogu ublažiti:

- dajte djetetu da pije dosta tečnosti
- ne oblačite previše odjeće
- staviti hladnu, mokru krpu na bolno mjesto uboda
- dajte djetetu paracetamol da se smanji nelagodna (daje se doza, preporučena za godine Vašeg djeteta)

Ukoliko su reakcije teže i trajnije, ili ako ste zabrinuti za dijete, kontaktirajte Vašeg doktora ili bolnicu.

Provjera prije imunizacije

Prije imunizacije obavijestite doktora ili sestru o Vašem djetetu:

- ako ne osjećaju se dobro na dan imunizacije (temperatura preko 38,5°C)
- ako je imalo jaku reakciju na bilo koju vakcinu

Detach and return consent card to school.

Immisation Consent Card Recommended Vaccines for Year 7 Secondary School Students



Please read both sides of the consent form and accompanying fact sheet before completing and signing.

Surname:	First Name:
Address:	PostCode:
Date of Birth: / /	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH)	(AH)
School:	Class Level:

Parent/Guardian, please tick and sign for the vaccine you agree to your child having.

I have read and understood the attached information and wish to have the above named child vaccinated.

Yes: Hepatitis B 1st dose

Hepatitis B 2nd and final dose

If your child has completed a course of hepatitis B vaccine in the past, further doses are not required. (See back of card)

Name of Parent or Guardian (please print):

Signature:

Date: / /

See the back of this card if the vaccine is not to be given.

Office Use Only:

1st Dose: Date: / /

2nd and Final Dose: Date: / /