



東華三院婦女健康普查部

TWGHs Well Women Clinic

(Client Label)

Human Papillomavirus (HPV) Vaccination Consent Form

I. Student Information

Chinese Name _____
Date of Birth _____
School Attending _____

English Name _____
Student ID No. _____

II. To be signed by student aged 18 years or above

- ☐ I have read the "Information Sheet for HPV Vaccine" and understand the nature, protective effect and side effects of the vaccine, conditions to withhold the vaccination, special note and the vaccination fee arrangement. I agree to take the HPV vaccine.

Signature _____

Date _____

III. To be signed by the parent or guardian for student under 18 years old

- ☐ I have read the "Information Sheet for HPV Vaccine" and understand the nature, protective effect and side effects of the vaccine, conditions to withhold the vaccination, special note and the vaccination fee arrangement. I agree to let the child / student to take the HPV vaccine.

Chinese Name of
Parent/ Guardian _____

English Name _____
HKID Card or
Passport No. _____

Contact Number _____
Relationship with
the student _____

Signature _____

Date _____

For Official Use Only

To be signed by Doctor

Doctor's Name _____
Doctor's Post _____

Signature _____
Date _____

To be completed by clinic staff receiving the application

- ☐ Verification of Information Provided by students, i.e. student handbook/card
☐ Checked student's age
☐ Checked the ID of parent or guardian and the stated relationship

Signature _____

Name _____

Post _____

Date _____

INFORMATION SHEET FOR Human Papillomavirus (HPV) VACCINE

Target

All primary and secondary full-time students in Hong Kong, aged 9 or above before the onset of sexual activity.

Nature of the Vaccine

- The vaccine chosen to be used in TWGHs Well Women Clinic is the quadrivalent vaccine (Gardasil[®]) covering HPV types 6, 11, 16 and 18.
- Main ingredients are highly purified inactive proteins from HPV Types 6, 11, 16 and 18; inactive ingredients include aluminum, sodium chloride, L-histidine, polysorbate 80, sodium borate, and water for injection.

Vaccine Protective Effect

- Most effective in women without infection with HPV types 6, 11, 16 and 18.
- 70% effective in preventing precancerous lesions (CIN), cervical adenocarcinoma in situ (AIS), vulvar (VIN) and vaginal (VaIN) precancerous changes caused by HPV types 16 and 18.
- Protects against 90% of HPV 6- and 11- related genital warts.
- The vaccine cannot prevent infection by HPV types other than types 6, 11, 16 and 18.
- The vaccine cannot protect against the remaining 30% to 50% of precancerous lesions (high grade CIN) caused by HPV types other than types 16 and 18.
- Genital warts caused by HPV types other than types 6 and 11 are not protected by the vaccine.
- The vaccine is not therapeutic and cannot be used to treat cervical abnormalities, HPV infection and genital warts.

Side Effects of the Vaccine

- Very common: fever, injection-site reactions including erythema, pain and swelling.
- Common: injection-site reactions like bruising and pruritus.
- Very rare: bronchospasm.
- Allergy: bronchospasm, urticaria.
- Other possible symptoms: lymphadenopathy, dizziness, Guillain-Barré syndrome, headache, syncope, nausea, vomiting, hypersensitivity reactions including anaphylactic/anaphylactoid reactions, bronchospasm, and urticaria.
- Please contact the child's / student's family doctor or TWGHs Well Women Clinic if you are worried by any symptoms after the vaccine. In case of serious symptoms such as difficult breathing and fainting, please go to the nearest Accident & Emergency Services to seek medical attention.

HPV vaccines should NOT be given to:

- Persons with a history of immediate hypersensitivity to yeast or any component of the HPV vaccine
- Pregnant women
- Persons with thrombocytopenia or any coagulation disorder

- Persons who are taking or planning to take any medication
- Any illness with a fever higher than 100°F / 37.8°C
- Weakened immune system, for example due to a genetic defect or Human Immunodeficiency Virus (HIV) infection

Special Notes

- Completion of the 3 doses of vaccines at the intervals of 0, 2 and 6 months to get full protection. Students should receive the 3 doses of vaccines within 1 year.
- Should practice reliable contraception until the completion of the 3 doses of vaccines.
- Should continue to have regular smear tests from cervical smear screening programme to detect any abnormal changes caused by other high risk HPV types.
- Should adopt the practice of safe sex (such as using condom and having a single sexual partner), and the maintenance of a healthy life style (such as having a balanced diet and avoiding smoking) to prevent sexually transmitted infections.

Vaccination Fee

- Students must show valid student handbook or student ID card upon registration at the first injection in order to enjoy the discount.
- Fee: HK\$2,000 for the 3 doses of HPV vaccine and HK\$100 for the consultation.
- The fee (HK\$2,100) must be paid on the date taking the first injection.
- The fee is non-refundable.

Contact

Kwong Wah Hospital Well Women Clinic

Address : 4/F, TWGHs Tsui Tsin Tong Outpatient Building, Kwong Wah Hospital, 25 Waterloo Road, Kowloon

Hotline : 2782 1773

Fax : 3517 2516

Tung Wah Eastern Hospital Well Women Clinic

Address : 2/F, TWGHs Lo Ka Chow Memorial Ophthalmic Centre, Tung Wah Eastern Hospital, 19 Eastern Hospital Road, Causeway Bay, Hong Kong

Hotline : 2915 7555

Fax : 2915 7351