M.E.S. INDIAN SCHOOL, DOHA-QATAR

Ext. Cir. 74 /2026-27
15-09-2026

P.O. Box NO. 3453
Tel. No. 44572888

CIRCULAR

VACCINATION AGAINST HUMAN PAPILLOMA VIRUS (HPV)

Dear Parents,

As part of the annual vaccination campaign, the Ministry of Public Health (MOPH), in coordination with the Primary Health Care Corporation (PHCC) and the Ministry of Education and Higher Education (MOEHE), will be conducting an HPV (Human Papilloma Virus) vaccination drive at our school for Grade 8 students.

These vaccines are safe, effective, and administered according to MOPH guidelines. All students in Grade 8 must submit their consent forms indicating either "Agree" or "Disagree" (with a reason for refusal) on or before September 19, 2026.

The Ministry of Public Health urges all parents to take advantage of this opportunity to protect their children against communicable diseases. We appreciate your cooperation in making this health initiative a success.

Please note: Dates will be announced in accordance with MOPH instructions.

HAMEEDA KADAR
PRINCIPAL

To
Parents/Students of class VIII (Morning & Evening School)

Copy to: (1) Governing Board (2) Senior Vice Principal (3) V.P. /Head of Boys' Section (4) V.P. / Head of Girls' Section (5) HOS, Junior (6) HOS, KG (7) HOS, Eve. (8) HOS, Jr. Eve. (9) HOS, KG Eve. (10) HAI & QM (11) AHOS, Boys' (12) AHOS, Girls' (13) Manager, Admin & Facilities (14) Accounts Manager (15) Transport Manager (16) Teacher In-charge (17) Safety & Maintenance Engineer (18) Lead System Admin (19) ICT Section (20) Maintenance Supervisor (21) Coordinator, Campus Care & Housekeeping (22) Welfare Dept. (23) Procurement Manager (24) Canteen Supervisor (25) Library (26) Notice Boards.

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Ministry of Education and Higher Education
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مؤسسة الرعاية الصحية الأولية
PRIMARY HEALTH CARE CORPORATION

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Parent/Guardian Consent Form for Student Vaccination Consent Form

Annual School Vaccination Campaign - Grade 8

Student Name		QID No.	
Date of Birth			
School Name		Class	

Dear Parent/Guardian,

In line with the Ministry of Public Health's commitment to providing the highest standards of preventive healthcare and ensuring the health and safety of our students, this form serves as a Parent/Guardian Consent Form for the administration of the Human Papillomavirus (HPV) vaccine. This vaccine is part of the **Approved National Immunization Schedule in the State of Qatar** and is delivered as part of the **Annual School Vaccination Campaign,** conducted in collaboration with the Ministry of Public Health, Primary Health Care Corporation, and the Ministry of Education and Higher Education.

This consent form is specifically for students in:

- **Grade 8:** Human Papillomavirus (HPV) vaccine – **First Dose. (12–14 years)**
- **Note:** The Second Dose of this vaccine will be administered next year when the student transitions to **Grade 9 (13–15 years),** following the scheduled school vaccination visits.

About the Vaccine

This vaccine offers **long-term protection** against specific types of the virus and the diseases it can cause. Studies have shown its high effectiveness in preventing several HPV-related cancers, especially **cervical cancer** — one of the leading causes of cancer-related deaths among women globally — as well as **head and neck cancers** in both males and females.

Scientific evidence indicates that receiving the Human Papillomavirus (HPV) vaccine at an early age, before potential exposure to the virus, is the most effective approach, as it provides protection of over 90%, compared with vaccination at older ages after exposure to the virus. This contributes to the long-term health and safety of children. This vaccine is an effective **preventative investment** in their future health.

Potential Side Effects of Vaccination:

Side effects from the HPV vaccine are usually mild and temporary. They may include pain, redness, or swelling at the injection site. Some individuals might experience low-grade fever, headache, nausea, or dizziness. These symptoms typically resolve within a few days. In very rare cases, severe allergic reactions can occur, which is why students are monitored after vaccination for 15 minutes to ensure their safety.

We strongly encourage you to **give consent** for your child to receive the HPV vaccine, in support of the national efforts to **improve community health** and prevent vaccine-preventable diseases.

Vaccines Contraindications:

1. Previous **severe reaction** to a previous dose of HPV or any of its components.
2. History of immediate hypersensitivity to **yeast.**
3. **Fever** higher than 38°C on the day of vaccination.

Note: A certificate from a licensed physician must be provided for any contraindications, in accordance with Article (18) of Law No. (17) of 1990 regarding the Prevention of Infectious Diseases.

General Information about the Vaccine:

1. The vaccine used is **Gardasil 9** or its equivalent, officially included in Qatar's National Immunization Schedule.
2. The World Health Organization recommended the HPV vaccine in 2006.
3. Qatar's Ministry of Public Health announced plans to introduce the vaccine in 2019.
4. It was officially included in routine preventive services in 2023.
5. The vaccine is provided **free of charge** through the National Immunization Program and the Annual School Vaccination Campaign.

For more information, please scan the QR code.

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Medical Screening Questions

1	Does the student have any **medical conditions?** Such as immune disorders, bleeding disorders, chronic diseases, or a history of Guillain-Barré syndrome (GBS). If yes, describe:	☐ YES	☐ NO
2	Has the student ever had any **allergic reactions** to vaccinations? If yes, describe:	☐ YES	☐ NO
3	Has your child previously received vaccination against Human Papillomavirus? If yes, please provide a copy of your child's previous vaccination card.	☐ YES	☐ NO

Parent's / Guardian Consent

We encourage you to review the information and make an informed decision in safeguarding your child and the community. By signing this form, you ensure their safety and protection from infectious diseases. **Please mark your selection clearly:**

Grade	Vaccine	Consent	
Grade 8	HPV Vaccine (First Dose)	☐ Agree	☐ Disagree

If you disagree, please state the reason .....

.....

Parent's name		Signature	
Contact no.		Date	

Office Use Only - Vaccination Team

Signature of vaccine provider .....

Date of vaccination .....

For Inquiries and Communication:

HP & CDC, Ministry of Public Health:
Contact Number: +974 44077493 / +974 44070191
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School Health at PHCC (Government School):
Contact Number: Tele: +974 40271424
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