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

Ext. Cir. 75 /2026-27
15-09-2026

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

CIRCULAR

VACCINATION AGAINST TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS (TDAP) BOOSTER DOSE & SECOND DOSE OF 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 a vaccination drive at our school.

The vaccination campaign for Grade 9 students will include the Tdap (Tetanus, Diphtheria, and Acellular Pertussis) booster dose and the second dose of the HPV (Human Papillomavirus) vaccine.
Please note that students who have not received the first dose of the HPV vaccine may opt to receive the first dose by indicating their consent on the consent form.

These vaccines are safe, effective, and administered according to MOPH guidelines. All students in Grade 9 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.

Hameedab

HAMEEDA KADAR
PRINCIPAL

To
Parents/Students of class IX (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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Parent/Guardian Consent Form for Student Vaccination

Annual / Catch-up School Vaccination Campaign 2026-2027 - Grade 9

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 to ensuring the health and safety of our students, this form serves as a **Parent/Guardian Consent Form** for the administration of **essential adolescent vaccines** included in the **National Immunization Schedule in the State of Qatar.** These vaccinations are 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 covers :

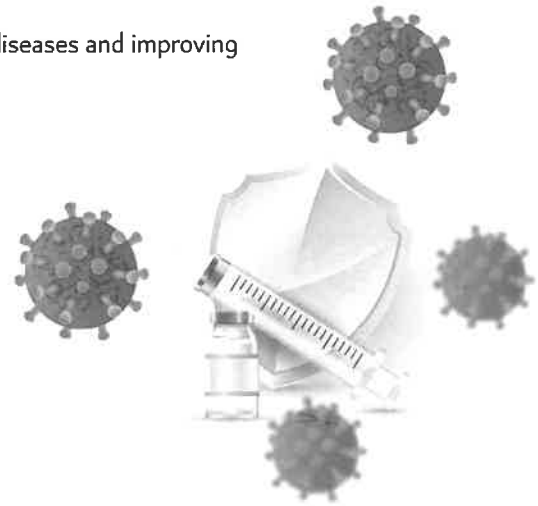
- Human Papillomavirus (HPV) vaccine – **first dose***
- Human Papillomavirus (HPV) vaccine – **second dose**
- Tetanus, Diphtheria, and Pertussis (Tdap vaccine) – **booster dose**

These vaccines are an essential part of the national program to protect adolescents from vaccine-preventable diseases and to support long-term individual and community health.

***Note:** Catch-up dose from last year's campaign to address the gap caused by the suspension of Phase 2. This applies to the current academic year (2026–2027) only.

General Information

1. Vaccination is essential for protecting students from communicable diseases and improving the health of our community.
2. The Ministry's school-based campaigns ensure that all students receive their recommended vaccines according to the national schedule for their age group.
3. Both the HPV and Tdap vaccines are officially approved and are part of the National Immunization Schedule in the State of Qatar.
4. These vaccines are recognized internationally as safe and effective, providing long-term protection against serious health complications.
5. All vaccinations provided within the national vaccination campaign are free of charge for all students.



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About the Vaccines

Human Papillomavirus Vaccine (HPV)

Purpose: This vaccine offers long-term protection against specific types of viruses and the diseases they 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 health and safety of children. This vaccine is an effective preventive investment in their future health.

Schedule: The first dose is administered in the first phase (September- October), and the second dose is administered in the second phase (April/May), with a minimum interval of 6 months from the first dose.

Contraindications:

1. A history of a severe allergic reaction to a previous dose of the HPV vaccine or any of its components.
2. A history of immediate hypersensitivity to **yeast.**
3. A fever higher than 38°C on the day of vaccination.

For more information, please scan the QR code.

Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)

Purpose: This vaccine provides powerful combined protection against three different diseases: Tetanus, Diphtheria, and Pertussis (whooping cough). These diseases are serious and can lead to severe health complications if students are not immunized against them.

Global Standards (Need for Booster): While children receive these vaccines at a young age, immunity declines over time. To maintain protection, the World Health Organization (WHO) recommends a booster dose every ten years. This campaign ensures our students receive this essential booster to safeguard their health into adulthood and to fulfill the vaccination requirements often expected for university admission.

Schedule: The Tdap booster is routinely administered to all students in Grade 9 (aged 13–15) years.

Contraindications:

1. Anyone who has had a severe allergic reaction to a previous dose of DTP, DTaP, DT, or Td.
2. Any neurological disorder such as epilepsy, convulsions, or encephalitis.
3. A history of Guillain-Barré Syndrome.
4. A fever higher than 38°C on the day of vaccination.

For more information, please scan the QR code.

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.

Potential Side Effects

Side effects from these vaccinations are typically mild, temporary, and resolve within a few days. They may include:

- Pain, redness, or swelling at the injection site.
- Low-grade fever, headache, nausea, or dizziness.
- Severe allergic reactions are extremely rare; the vaccination team remains on-site to monitor all students after the vaccination to ensure their safety.

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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 the student previously received any doses of the HPV or Tdap vaccine? 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 to safeguard 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 9	HPV Vaccine (First Dose)	☐ Agree	☐ Disagree
	HPV Vaccine (Second Dose)	☐ Agree	☐ Disagree
	Tdap Vaccine (Booster 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:

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School Health at PHCC (Government School):
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