



School Health Screening and Immunization Consent Form

The Ministry of Health through its School Health Program in collaboration with the Ministry of Education, and all schools will be conducting physical examinations inclusive of psychosocial assessment for all school age children grade 1, 3, 5, 7, 9, and 11th. The physical examination will help us identify children who may have health problems that we can prevent to avoid long-term life problems. Immunization for the Human Papiloma Virus (HPV) is integrated with the health screening and targets female students in grades 5 and 12th. In addition, immunization updates will be provided to students who may need to have their immunizations updated.

School Grade

Last Name First Name Middle Name

Hospital No. _____ Date of Birth: _____

Do you consent to the school health screening for your child?
(All students in grade: 1, 3, 5, 7, 9, and 11th) _____ YES _____ NO

(All students in grade 1, 3, 5, 7, 9, 11th) If you do **not want** your child to receive immunization updates for Tetanus, please mark this box

(For female students in grade 5th and 12th) If you do **not want** your child to receive immunization updates for the Human Papiloma Virus (HPV), please mark this box

This form is to obtain your permission for your child to receive these services provided by the Ministry of Health. By signing this form you also authorize the Ministry of Health to use the data and information collected to further improve the health statues of Palau's children. This consent also authorizes the Ministry of Health to refer your child to appropriate care.

Parent/guardian

Last Name First Name Signature Date Phone Number

For further inquiries regarding the health screening, immunizations and other available services, please contact the School Health Program at 488-4575 or Family Health Unit at 488-2172/1756 or the Immunization Program at 488-2252 x160.