



Public Health Directorate

Defaulter Immunization Form for Student

To the parent of: _____ Class: _____

Student CPR No: |_|_|_|_|_|_|_|_|_|_|

A team of nurses from Primary Healthcare Centers conducted a vaccination session in private and governmental schools to students (grade 8) with the booster dose of Tetanus, diphtheria acellular pertussis vaccine (Tdap) and the first dose of Human Papilloma Virus vaccine (HPV), and (grade 9) with the second dose of Human Papilloma Virus vaccine (HPV).

As your son/daughter was not present during the vaccination session at school, you are kindly requested to take him/her to the primary health care centers or any health facility for vaccination and return this form back to the school to confirm that he/she was vaccinated.

For Primary Healthcare Center and Private Health Facility use:

(Please tick if student vaccinated)

The child was vaccinated against:

- Booster dose of Tetanus, diphtheria acellular pertussis.
- Human Papilloma Virus (HPV) first dose.
- Human Papilloma Virus (HPV) second dose.

Vaccination Date: __ / __ / __

Name of the Nurse: _____

Signature of the nurse: _____

Primary Healthcare Center/Private Health Facility stamp

* After student vaccination send a copy of this form to the vaccination Coordinator in the Primary Healthcare Center.