



**ST. MARY'S** *Catholic High School, Dubai*

## **Human Papilloma(HPV) Vaccine Status**

### **YEAR NINE AND TEN GIRLS**

**(Please Note - This vaccine is not covered in the school vaccination programme in UAE)**

NAME OF STUDENT : \_\_\_\_\_

CLASS AND SECTION : \_\_\_\_\_

HPV VACCINE TAKEN ? YES/ NO : \_\_\_\_\_

IF YES :

DATE OF FIRST DOSE ADMINISTERED : \_\_\_\_\_

DATE OF SECOND DOSE ADMINISTERED : \_\_\_\_\_

**(Please attach the Copy of the updated vaccination card)**

NAME OF PARENT : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_