Vaccination in the 4th grade (9-10 year old)



Dear parent/guardian,

The Flemish government offers a 2nd free vaccination for people as protection against measles, mumps and rubella for:

- 2. pupils in special education, in the year they turn 9

Protection against 3 diseases

Measles is very contagious. It gives fever and rash. Sometimes there is an earinfection or pneumonia. Very occasionally there is also encephalitis. This can be fatal or cause permanent damage.

Mumps is a viral infection. Sometimes there is meningitis or testicular inflammation.

Rubella is harmless in itself. It gives fever and a rash. A rubella infection during pregnancy can have serious consequences for the baby, such as deafness, blindness and heart defects. To prevent the spread of the virus in the population, the vaccination of boys is also important.

Vaccination offers the best protection against these diseases.

Vaccination

1 injection in the upper arm.

Reactions after the vaccination

Immediately after the vaccination, your child may suffer from:

- a red swelling at the site of the injection
- a painful, tender spot at the site of the injection
- Low-grade fever.

Sometimes side effects do not start until 5 to 12 days after vaccination. This can be fever, headache, joint pain or skin rash. Contact your doctor (GP) if the symptoms persist or are more severe.

A vaccine, like any medicine, can cause side effects. The chance that a vaccine will cause a serious side effect is very small.

The doctor or nurse of the CLB vaccinates. The vaccination is free. CLB only vaccinates if there is valid (verbal or written) consent and there are no indications to the contrary for vaccination.

The vaccine is also free at the family doctor (GP), but the consultation must be paid for.

Consent for vaccination

Drop off the completed permission letter at school.

Vaccinnet

The CLB registers the vaccines it administers in Vaccinnet. This way the doctor can also see which vaccine your child received. Via www.mijngezondheid.be you can also check this yourself.

Vaccines not offered by CLB

The Flemish vaccination schedule is offered free of charge to school-age children via the CLB. There are other vaccines. For more information about this, please contact your doctor.

Questions

If you have any questions, call the CLB: 02 479 25 05.

Or surf to www.allesovervaccineren.be, the website of the Flemish government about vaccinations.

Thank you for your cooperation, doctor and nurse from the CLB



Student's name + first name:			
Date of birth (day/month/year):	/		
School + Classroom:			
Telephone number where you (p	arent/guardian) can be reached during the day: 🕿		
Do you agree with vaccination?	Check the desired selection (x)		
☐ Yes, CLB can vaccinate m	y child against measles-mumps-rubella at the CLB.		
☐ I want to have my child vaccinated by the family doctor (GP) or pediatrician . (Make an			
appointment with your d	octor yourself, so they can order the vaccine in advance.).		
□ No , my child has already	received these vaccines (fill in the date)://		
□ No , I don't want to have	my child vaccinated.		
for vaccination. Allergy here mobreathing' and/or 'problems w	stions will help us to detect a possible contraindication eans 'swelling of the mouth or throat', and/or 'difficulty ith the heart'. Tick the correct answer.	□hac	□ ==
Has your child had a serious rea	ction after a vaccination in the past?	□yes	□ no
Is your child allergic to neomycii	n (an antibiotic) or gelatin?	□yes	□no
Does your child have a severely weakened immune system? This can be the case with cancer, treatment with chemotherapy, congenital immunosuppression, long-term treatment with drugs that suppress the immune system, tuberculosis, thymus disease or HIV infection.		□yes	□no
Has your child received blood pr	roducers or immunoglobulins in the past year?	□yes	□no
place. Do you have another vaco	the school when the measles-mumps-rubella vaccination cination planned for your child 4 weeks before or after this we can check whether the other vaccination is a countericination.	s momer	nt?
* Consent for vaccination can be given b	y an adult student, a legal parent or a legal guardian.		
Date:	Name and signature of the legal parent or guardian*:		
?			

CONSENT LETTER measles-mumps-rubella (M-M-RVAXPRO°)