



Gesundheits-, Sozial- und Integrationsdirektion
Gesundheitsamt
Kantonsärztlicher Dienst

Directorate of Health, Social Services and
Integration
Department of Health
Cantonal Medical Service

Consent to vaccination

For information on the individual vaccinations, please see the Canton of Bern publication "Recommended Vaccinations".

The vaccinations listed here are recommended by the Federal Office of Public Health, and their costs are covered by health insurance (less 10% coinsurance payment, exception: no coinsurance payment for HPV vaccination programme).

The school doctor will review your child's vaccination record during the medical examination. If additional vaccinations are necessary, the school doctor can, **with your consent**, administer these vaccines or will recommend that you have them done.

Age	Vaccinations
4–7 years * ≥ 6 years	<ul style="list-style-type: none"> - Polio, diphtheria, tetanus, whooping cough - *Tick-borne encephalitis (TBEV/FSME) <p>Catch-up vaccinations:</p> <ul style="list-style-type: none"> - Measles, mumps, rubella
≥ 11 years	<ul style="list-style-type: none"> - Diphtheria, tetanus, whooping cough - Hepatitis B (2 or 3 doses) - Bacterial meningitis (meningococcal infections) - **Human papillomavirus (cervical cancer, genital warts) (2 or 3 doses) <p>Catch-up vaccinations:</p> <ul style="list-style-type: none"> - Polio - Measles, mumps, rubella - TBEV/FSME

If your child is aged 11–15 and has not yet had chickenpox (varicella), you should speak with your GP about a possible vaccination against this infectious disease.

Please be aware of the following general contraindications for vaccination:

- **anaphylactic reaction in the past (=most severe allergic reaction)**
- **pregnancy**
- **immunodeficiency**
- **acute, serious illness**

Statement of consent

I want my child to receive the following vaccinations **(check where appropriate) if the review of the vaccination record reveals that they are necessary:**

- ALL of the vaccinations listed below that are necessary.
- Only the following vaccinations:
 - Polio / diphtheria / tetanus / whooping cough (combination vaccine)
 - Measles, mumps, rubella (combination vaccine)
 - Bacterial meningitis (meningococcal infections)
 - Hepatitis B
 - Human papillomavirus (cervical cancer, genital warts)
 - Tick-borne encephalitis (TBEV/FSME)

All vaccinations are administered by injection (some in combined forms) Please note that some school doctors will not administer vaccinations directly but instead will issue your child with a written recommendation.

Child's last name, first name:

Name and address of health insurance fund:

Insuree ID number:

OASI number (only for HPV vaccination):

Municipality, date:

Signature of parents / legal guardians