

STEP 1 - STUDENT INFORMATION

Last Name	First Name	Ontario Health Card #	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other
Birthdate yyyy/mm/dd	School		Class or Teacher's Name		
Name of Parent / Guardian	Relationship to Student	Home Phone	Work or Cell		

STEP 2 - STUDENT IMMUNIZATION

My child has already received the following: (circle trade name & provide dates vaccines were given)

<b>Hepatitis B vaccine</b>			<b>Meningococcal ACYW-135 vaccine</b>		
<input type="radio"/> Engerix®-B	<input type="radio"/> Recombivax-HB®		<input type="radio"/> Menactra®	<input type="radio"/> Menveo™	<input type="radio"/> Nimerix®
Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd
<b>Combination Hepatitis A &amp; B vaccine</b>			<b>Human Papillomavirus vaccine</b>		
<input type="radio"/> Twinrix® Jr.	<input type="radio"/> Twinrix®		<input type="radio"/> Gardasil®	<input type="radio"/> Cervarix®	
Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	Dates yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

STEP 3 - STUDENT HEALTH HISTORY

IF “YES” PLEASE EXPLAIN

Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had an allergic reaction to a vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a history of fainting or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any serious medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you taking any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a possibility you may be pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STEP 4 - PARENT/LEGAL GUARDIAN AWARENESS

The Health Care Consent Act states that all persons, regardless of age, may consent to medical treatment, provided they understand the benefits and risks of the treatment as well as the benefits and risks of not having the treatment. There is no minimum age in Ontario for informed consent. Students will be assessed by a nurse at the school clinic, based on the principals of the Health Care Consent Act, to ensure that informed consent can be obtained. Parents/Legal guardians are encouraged to talk with their children about the benefits/risks of immunization prior to the clinic. You can find more about the Health Care Consent Act at <http://www.e-laws.gov.on.ca/>

Parent/Guardian Signature:

Date:

STEP 5 – STUDENT CONSENT

I have read or had explained to me the information about Hepatitis B, Meningococcal and Human Papillomavirus (HPV) vaccines. I understand the benefits, side effects and risks. Please check **YES** or **NO** for each vaccine. Unless cancelled in writing, this consent is valid until the series is completed.

<b>Hepatitis B vaccine (2 dose series)</b>					
I want this vaccine <input type="checkbox"/> YES			I do not want this vaccine <input type="checkbox"/> NO		
Student Signature			Student Signature		
Date yyyy/mm/dd			Date yyyy/mm/dd		
<b>Human Papillomavirus (HPV) vaccine (2 dose series)</b>					
I want this vaccine <input type="checkbox"/> YES			I do not want this vaccine <input type="checkbox"/> NO		
Student Signature			Student Signature		
Date yyyy/mm/dd			Date yyyy/mm/dd		
<b>Meningococcal ACYW-135 vaccine (single dose)</b>					
<b>NB: this vaccine is required for school attendance. Please contact Public Health for an exemption form if you do not want this vaccine</b>					
I want this vaccine <input type="checkbox"/> YES			I do not want this vaccine <input type="checkbox"/> NO		
Student Signature			Student Signature		
Date yyyy/mm/dd			Date yyyy/mm/dd		
<b>PUBLIC HEALTH USE ONLY – Telephone Parental Awareness</b>					
Obtained from:	FOR:			Phone number called:	Date: yyyy/mm/dd
Relationship to student:	HepB	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Nurse Signature:	Time:
	HPV	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	Men ACYW-135	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

NURSING INTERVENTIONS

PUBLIC HEALTH USE ONLY - Completed by nurse ONLY in the event of Panorama disruption i.e. connectivity						
Hepatitis B vaccine	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
	1.0mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
	1.0mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
HPV - Gardasil vaccine	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
	0.5mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
	0.5mL IM	Lt or Rt Deltoid		yyyy/mm/dd		
Meningococcal ACYW-135 vaccine	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
	0.5mL IM	Lt or Rt Deltoid		yyyy/mm/dd		

PROGRESS NOTES

Date & Time	SOAIP	S - family / individual / group perception of problem O - nurses observations A - assessment I - intervention P - plan of action