

Step 1. The Student's Information

Student's Last Name			Student's First Name			Health Card Number		
Birthday	Year	Month	Day	School		Grade	Teacher's Name	
Parent/Guardian Name			Parent/Guardian Daytime Phone			Parent/Guardian Alternative Phone		

Step 2. The Student's Health History
If "Yes" explain:

Is the student allergic to yeast, aluminum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the student ever had a reaction to a vaccine or have a history of fainting?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a chance the student may be pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the student have a weak immune system, or is the student on a medication that weakens the immune system or increases the risk of infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the student have a serious medical condition? e.g. immunocompromised, undergoing chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the student already received any of these vaccines?	Dose 1 (date vaccine given)	Dose 2 (date vaccine given)	Dose 3 (date vaccine given)	
Hepatitis B (or Combination Hepatitis A) Vaccine (2, 3 or 4 dose series) <input type="checkbox"/> Engerix® -B <input type="checkbox"/> Recombivax-HB® <input type="checkbox"/> INFANRIX-hexa® <input type="checkbox"/> Twinrix® JR <input type="checkbox"/> Twinrix®	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	
Meningococcal – ACYW vaccine (special purchase e.g. for travel) (Note: the Meningococcal C-ACYW-135 vaccine is different from the Meningitis C vaccine that the student may have received as a baby. It protects against more types of meningitis.) <input type="checkbox"/> Menactra® <input type="checkbox"/> Menveo™ <input type="checkbox"/> Nimenrix®	yyyy/mm/dd			
Human Papillomavirus (HPV) Vaccine (2 or 3 dose series) <input type="checkbox"/> Gardasil® 4 <input type="checkbox"/> Gardasil® 9 <input type="checkbox"/> Cervarix®	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	

Please note: To align with provincial masking requirements for healthcare settings, students and staff will need to wear a mask while attending the school vaccine clinic. Students can wear their own masks or masks will be provided to students by Simcoe Muskoka District Health Unit.

Step 3. Consent for Immunization

This consent applies to all immunization clinics operated by the Simcoe Muskoka District Health Unit. The consent is valid for the time period needed to give a complete series of the/these vaccine(s). I have read the information about the vaccines (see back of this form) or had explained to me about Hepatitis B, Meningococcal and Human Papillomavirus (HPV) vaccines. I understand the benefits, side effects and risks. Unless cancelled in writing, this consent is valid until the series is completed.

Meningococcal ACYW-135 Vaccine (Required for school attendance)			
<input type="checkbox"/> Yes	I authorize Simcoe Muskoka District Health Unit to administer one dose of meningococcal ACYW-135 vaccine.	<input type="checkbox"/> No	DO NOT administer Meningococcal ACYW-135 vaccine.
Hepatitis B Vaccine			
<input type="checkbox"/> Yes	I authorize Simcoe Muskoka District Health Unit to administer two doses of Hepatitis B vaccine.	<input type="checkbox"/> No	DO NOT administer Hepatitis B vaccine.
Human Papillomavirus (HPV) Vaccine			
<input type="checkbox"/> Yes	I authorize Simcoe Muskoka District Health Unit to administer two doses of HPV-9 vaccine.	<input type="checkbox"/> No	DO NOT administer HPV-9 vaccine.

Step 4. Signature of Parent / Legal Guardian / Individual

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 principles 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/>

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. This information may be shared with other health care providers.

Parent/Legal Guardian Signature _____ Date: yyyy/mm/dd _____ Student Signature _____ Date: yyyy/mm/dd _____

To be completed by the student at school on the day of the clinic (Round 1): Student Initial _____ Date _____ yyyy/mm/dd		To be completed by the student at school on the day of the clinic (Round 2): Student Initial R2 _____ Date _____ yyyy/mm/dd		
PUBLIC HEALTH USE ONLY – Telephone Parental Awareness				
Obtained from:	Phone number called:	Hep B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to student:	Date called:	HPV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nurse Signature:	Time:	Men ACYW-135	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**For more information or detailed fact sheet on each vaccine
please visit our website www.smdhu.org.**

Hepatitis B Vaccine

What is Hepatitis B?

Hepatitis B (HB) is a virus that affects your liver. It can cause damage, swelling or cancer of the liver. Unfortunately, there is no cure for Hepatitis B.

How can I get Hepatitis B?

- Through contact with an infected person's blood and/or body fluids.
- The virus can stay alive on things like razors or toothbrushes for up to one week.
- Many people with Hepatitis B don't know they have the virus and may go on to infect others.

How can I protect myself from the Hepatitis B virus?

- Get the vaccine.
- Practice abstinence.
- If you are considering being sexually active, there are ways to protect yourself against Hepatitis B. Talk to your parents, health care provider or go to www.simcoemuskokahealth.org for more information.
- Make sure sterile tools are used for tattooing or body piercing.
- Do not share razors, toothbrushes or other personal care items.

What is the benefit of getting the Hepatitis B vaccine?

- If all doses are received, the vaccine protects more than 95% against Hepatitis B. The protection lasts at least 15 years or more for most people.

This vaccine is only publicly funded until the end of Grade 8.

Meningococcal Conjugate ACYW Vaccine

What is meningitis?

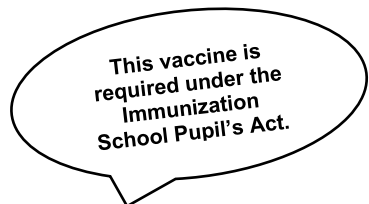
Meningitis is an infection of the fluid around a person's spinal cord and brain. It can be caused by different viruses or bacteria. Neisseria meningitidis is one of these bacteria. Meningococcal vaccine protects against 4 different types of this bacteria.

How can I get meningitis?

- Through close, direct contact (kissing, coughing or sharing things like food, drinks and musical instruments).
- People can carry the bacteria in their nose and throat without feeling sick. People become sick when the bacteria gets into their blood and body fluids.
- This can lead to brain damage and sometimes death within just a few hours.

How can I protect myself from meningococcal bacteria?

- Get the vaccine.
- Do not share food, drinks or utensils.



What is the benefit of getting the Meningococcal vaccine?

- You have likely already received a meningococcal vaccine (e.g. Menjugate®) for infants that protects against **one** type of the bacteria.
- The grade 7 Meningococcal vaccine protects against **four** types of the bacteria.
- This vaccine protects 80% to 85% of teens against disease caused by these four types.

Human Papillomavirus Vaccine

What is human papillomavirus (HPV)?

HPV is short for human papillomavirus. HPV can cause different kinds of cancer (mouth and throat, cervical, anal, and genital) and genital warts.

How can I protect myself from HPV?

- Get the vaccine.
- Practice abstinence.
- If you are considering being sexually active, there are ways to protect yourself against HPV. Talk to your parents, health care provider or go to www.simcoemuskokahealth.org for more information.
- Continue to have cancer screening as recommended by your health care provider.

What is the benefit of getting the HPV vaccine?

- Research has shown that the HPV vaccine can prevent most cases of cervical cancer if all doses are given before a person becomes sexually active.
- It is also effective in preventing some other cancers, such as penile cancers in males, and anal and throat cancer in females and males. HPV vaccine also prevents genital warts.

Most Common Reactions After Vaccination	Less Common Reactions After Vaccination	Very Rare Reactions After Vaccination
Redness, pain and/or swelling where the needle was given	Tiredness, headache and/or slight fever	Severe allergic reaction (Trouble breathing, swelling of the face or mouth, hives)* <i>*Clinic Nurses are trained to treat severe allergic reactions.</i>