

## HEPATITIS B IMMUNIZATION

### STUDENT INFORMATION (Please Print)

Student's Last Name:				Student's First Name:	
Birth Date				Health Card #:	
	<i>Year</i>	<i>Month</i>	<i>Day</i>		
<input type="checkbox"/> Male	School				
<input type="checkbox"/> Female	Teacher's Name				
Parent/Guardian Contact Information			Home	Work	

### HEPATITIS B CONSENT

I have read or had explained to me the information about the vaccine. I have had the chance to ask questions, which were answered to my satisfaction. I ask to be immunized against Hepatitis B (Two Doses). ***Unless cancelled, this request is valid for the time period to give two doses of vaccine***

Student Signature:		Date:
Parent/Guardian Signature:		Date:
<b><i>Vaccine Refused: Student/Parent/Guardian</i></b>		Date:

### PREVIOUS HEPATITIS B IMMUNIZATION

If your child has already had the vaccine, it does not need to be repeated. Please provide the dates of the immunization and return to the school.

Dose 1 Date (YY/MM/DD)	Dose 2 Date (YY/MM/DD)	Dose 3 Date (if given) (YY/MM/DD)

### FOR NURSE'S USE ONLY

Vaccine	Date	Time	Lot #	Site Deltoid	Signature with Designation
Recombivax HB 1.0 mL Intramuscular				R    L	
Recombivax HB 1.0 mL Intramuscular				R    L	

This information is being collected under the authority of the *Immunization of School Pupils Act*, R.S.O. 1990, c.I.1 and *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 for the purpose of enabling the Medical Officer of Health for The Regional Municipality of York to maintain a record of immunization, for enforcement of the prescribed program of immunization in relation to designated diseases and for the provision of statistical data to the Ministry of Health and Long Term Care. This information will be retained, used, disclosed and disposed of in accordance with the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Director of Infectious Disease Control, 17250 Yonge Street, Newmarket, Ontario, L3Y 6Z1, (905) 830-4444 ext. 4120.

# HEPATITIS B PREVENTION PROGRAM

## **The Virus**

The Hepatitis B (Hep B) virus can permanently damage your liver. It is the biggest cause of liver cancer. You need your liver to digest food and remove waste from your body.

People with Hep B can become tired, feverish, lose their appetite, and sometimes develop jaundice (yellow skin and eyes).

There are about 150 cases reported in Ontario each year, but there may be many more people with Hep B. You can get it and not even know it. That means you can infect someone else without knowing it.

## **There is prevention**

Hep B can be prevented. The Ministry of Health and Long-Term Care provides a voluntary Hepatitis B vaccination program for all Grade 7 students in Ontario. It is hoped that at this age, the students have not yet been involved in any behaviour that would expose them to the virus. York Region Health Services nurses give two doses of the vaccine during the school year.

## **Is the vaccine safe?**

Yes. It has been used in Canada for more than 10 years and is one of the safest vaccines available. It might cause minor side effects – maybe redness, warmth or slight swelling where the needle went in, maybe tiredness or a slight fever for a day or so. More serious reactions occurring within 15 days should be reported to your doctor or local health unit. These include breathing trouble, swelling of face or mouth, a fever over 39° C, hives or rashes. The risk from Hep B is much greater than the risk from the vaccine.

## **How you can catch Hep B**

The Hep B virus is found in the blood and other body fluids of an infected person. It spreads through sexual contact, sharing needles, and getting body/ear piercing or tattoos with dirty equipment. An infected mother can pass it to her child at birth.

You cannot get Hep B from coughing, hugging or using the same dishes as someone with Hep B.

## **Is there a cure?**

There is no cure for Hep B, and it can be fatal. However, most people get well. About 10 percent of those infected will carry the virus for life, and can continue to infect others.

However, some people should not have this vaccine. The Nurse will delay giving the vaccine to anyone who has a fever or anything more serious than a minor cold.

**Your child will not be immunized at school if there has been an allergic reaction to: a vaccine, thimerosal (mercury preservative in vaccines), aluminium, yeast or latex.**

## **What to do? Please,**

1. Sign the request form and return it to the school.
2. Provide the dates of your child's previous Hep B immunization.

For more information, please contact:  
**York Region Health Services**  
**Health Connection at 1-800-361-5653**