



Meningococcal Meningitis Group C Conjugate Vaccine Grade 7 Consent Form (Please Print)

Last Name: _____

First Name: _____

Date of Birth: _____
(yyyy/mm/dd)

Phone Number :() _____

Health Card # _____

Female Male

School Currently Attending: _____

Teacher: _____

	Yes	No		Yes	No
1) Have you ever had a serious reaction to vaccination(s) before?			3) Do you have a medical condition or are you taking any medication or treatment that may lower your body's immune system? i.e. anti-cancer agents, steroids, radiation Students with these medical conditions may be immunized at their family physician's office.		
2) Have you received a Meningitis vaccine before? If yes -re-immunization not necessary. If Neis -Vac or Menjugate are given first a delay of at least 2 weeks must occur before Menomune is given. If Menomune is given first there must be a lapse of 6 months before a conjugate vaccine is administered. Date Immunized: _____			4) Are you allergic to: <ul style="list-style-type: none"> • Aluminum: aluminum is commonly found in deodorants and toothpaste • Latex: vaccine vials have stoppers made with some natural rubber (latex). The safety of immunizing latex allergic individuals is unclear. Students with these allergies may be immunized at their family physician's office.		

I acknowledge that I have read the Meningitis group C vaccine information sheet provided by The Regional Municipality of York and understand the benefits and possible side effects. I understand that certain persons listed in the Meningitis Vaccine Fact Sheet should not get this vaccine. I hereby give my consent to be immunized with the Meningococcal Meningitis group C conjugate vaccine.

_____ Date

_____ Signature (student)

_____ Signature (parent/guardian)

Vaccination Refused: Student/Parent/Guardian _____
Signature

FOR CLINIC USE ONLY

Vaccine: NeisVac-C Lot #: _____ Dose: 0.5 ml. Route: I.M.

Site: Deltoid Right/Left Date: _____ Time: _____
(Circle one)

Nurse's Signature _____ Designation: _____

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 Joanne Armstrong, Manager – Health Business Services, Ext, 4056, 17250 Yonge Street, Newmarket, Ontario, L3Y 6Z1.