

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 acknowledge that I have read The Regional Municipality of York's Hepatitis B and Vaccine Fact Sheet (on reverse), or it has been read to me. I understand the benefits and possible side effects of the hepatitis B vaccine and that certain persons listed in the Fact Sheet should not get the hepatitis B vaccine. I consent to the hepatitis B vaccine being given to me or my child. In addition, I am aware that personal health information collected on this form may be shared with another doctor or nurse if that is required for my care.

Should you not want your information released to another doctor or nurse, please check here or advise the Health Unit in writing.

Unless consent is withdrawn, this signed consent is valid for the time period required to give 2 doses of vaccine.

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

NOTES:

The information provided or attached to this form is being collected, and will be used by the local health unit for the purpose of the Medical Officer of Health maintaining an immunization record on the above named student and to take appropriate action to prevent certain vaccine preventable diseases in the health unit. This information may be disclosed to the Ministry or other health units for the purpose of the prevention of vaccine preventable diseases. For further details about this collection, you can contact the Manager of Community Clinics of the Infectious Diseases Control Division by calling (905) 830-4444, ext. 3578.

Hepatitis B and Vaccine Information Sheet

What is hepatitis B?

Hepatitis B is an infection of the liver caused by the hepatitis B (Hep B) virus. There is no cure for Hep B, but most people will recover from it. However, about 10 percent of those infected with the virus will carry it for life. They will be able to spread the virus to others, and may suffer permanent damage to their liver, or even death. Hepatitis B is the biggest cause of liver cancer.

There are about 150 cases of hepatitis B reported in Ontario each year, but there may be many more people with Hep B. You can get it and spread it to others without knowing it.

What are the symptoms of hepatitis B?

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

How does hepatitis B spread?

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.

How can hepatitis B be prevented?

Hepatitis B can be prevented through vaccination, and through avoiding contact with other people's blood and blood fluids.

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. Nurses from York Region Community and Health Services give students two doses of the vaccine during the school year.

Is the vaccine safe?

Yes. It has been used in Canada for more than 15 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 are rare. However, if you experience trouble breathing, or develop swelling of your face or mouth, a fever over 39° C, hives or rashes within 15 days of getting the needle, report this to your doctor or to York Region Community and Health Services.

Who should not get the vaccine?

You should not receive this vaccine if:

- You are sick with a fever or infection worse than a cold. (Wait until you feel better)
- You have ever had a severe reaction to a previous dose of vaccine
- You have a severe allergy to aluminum, latex, yeast or thimerosal
- You are pregnant or breastfeeding. (Discuss your need for immunization with your doctor)

For more information, please contact York Region *Health Connection* at 1-800-361-5653 or visit www.york.ca.

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