

Hepatitis B & Meningococcal ACYW-135 & Human Papillomavirus (HPV) Vaccines Consent Form

PART 1 STUDENT INFORMATION			
LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
BIRTH DATE YYYY/MM/DD	AGE	NAME OF GRADE 7 SCHOOL	CLASS
HOME ADDRESS		CITY	POSTAL CODE
DAYTIME PHONE NUMBER	HOME PHONE NUMBER	HEALTH CARD NUMBER	

PART 2 IMMUNIZATION HISTORY		
<p>Your child may not require all the Hepatitis B, HPV and/or Meningococcal ACYW135 vaccines if they have received them in the past. If they have received these vaccinations, it is important for the Nurse to know in order to assess your child's immunization history. Fill in the spaces below <u>or</u> attach a copy of your child's yellow card to this consent.</p> <p>If your child has not received any of these vaccines in the past, please proceed to PART 3.</p>		
Meningococcal ACYW-135 <small>This vaccine is required for all students in grade 7 attending school.</small>	<input type="checkbox"/> Menactra® <input type="checkbox"/> Menveo® <input type="checkbox"/> Nimenrix®	Dose Received On: YYYY/MM/DD <small>Note: An additional dose is recommended if they received a dose over 5 years ago.</small>
Hepatitis B or Combination Hepatitis A+B	<input type="checkbox"/> Engerix® <input type="checkbox"/> Twinrix® <input type="checkbox"/> Recombivax® <input type="checkbox"/> Twinrix® Jr	Dose 1: YYYY/MM/DD Dose 2: YYYY/MM/DD Dose 3: YYYY/MM/DD
Human Papillomavirus	<input type="checkbox"/> Gardasil® <input type="checkbox"/> Cervarix®	Dose 1: YYYY/MM/DD Dose 2: YYYY/MM/DD Dose 3: YYYY/MM/DD

PART 3 CONSENT FOR IMMUNIZATION		
<p>I have read the attached fact sheet. I understand the expected benefits and possible risks and side effects of the vaccines. I have had the opportunity to have my questions answered by Peel Public Health.</p>		
Please choose YES or NO for each of the following vaccines listed:	YES I authorize Peel Public Health to immunize my child. I understand that I can withdraw my consent at any time.	NO I do not authorize Peel Public Health to immunize my child. I understand the possible risks to my child if not vaccinated.
Meningococcal ACYW-135 <small>This vaccine is required for all students in grade 7 attending school.</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis B	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Human Papillomavirus	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>Parent/legal guardian signature is only required for those under 14 years of age. Individuals 14 years of age and older may sign their own consent. By signing below, I acknowledge and declare that the information provided in this consent form is true and accurate.</p>		
_____ PRINTED NAME (Individual providing consent)	_____ SIGNATURE	_____ DATE YYYY/MM/DD
Relationship to individual being immunized	<input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self (14+) <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling (over 18) <input type="checkbox"/> CAS worker	

Notice with respect to the Collection of Personal Information:

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 all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including 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. 2004 c.3. This information will be used by Peel Public Health or an Ontario public health unit where your child attends school for the purposes of the administration and evaluation of the Vaccine Preventable Diseases Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, P.O. Box 667, RPO Streetsville, Mississauga, ON, L5M 2C2 **905-799-7700**

Peel Public Health will enter your child's immunization information into a secure provincial immunization database called Panorama. Your child's immunization information may be shared with or accessed by another health care provider if they administer immunizations or are required to maintain a record of immunizations for your child. If you do not want this information shared please provide notification to the address provided. If you have questions about the privacy of your child's immunization information, please contact Peel Public Health at 905-799-7700.

Meningococcal Disease & The Vaccine

What is meningococcal disease?

- Meningococcal disease is a serious illness caused by several different strains of the bacteria *Neisseria meningitidis*
- These bacteria can cause meningitis (an infection of the lining of the brain and spinal cord) or meningococemia (an infection of the blood)
- These bacteria are commonly found in the nose and throat secretions of healthy people
- It can be spread through direct contact with saliva, which can happen by sharing drinks, utensils, toothbrushes, etc.
- Strain types A, C, Y, W-135 are four of the five most common strains of bacterial meningococcal disease

What are the effects of meningococcal disease?

- Complications of the disease may include: brain damage, deafness, problems with the nervous system and seizures, amputation of one or more limbs, death
- Symptoms include fever, drowsiness and/or impaired consciousness, severe headache, stiff neck, reddish skin rash, nausea and vomiting

How can I reduce the risk of meningococcal disease?

- Get the vaccine
- Don't share water bottles, drinks, cigarettes, toothbrushes, lipstick, utensils, etc. with others

Who should get the Meningococcal ACYW-135 vaccine?

- **The vaccine is free for all grade 7 students in Ontario** and certain high-risk groups
- The vaccine is approved for use in individuals 9 months to 55 years of age
- Students who do not get the vaccine in grade 7, or at the catch-up clinics offered by Peel Public Health can get the vaccine through their doctor for a fee

What should I know about the vaccine?

- The vaccine is required for all students in grade 7 attending school
- The vaccine is 80-85% successful in protecting against four of the more common and deadly bacterial strains causing this disease. It does not prevent all types of meningococcal disease
- You cannot get meningococcal disease from the vaccine
- Only one dose is required if given at 5 years of age and older. Another dose is recommended if the last dose was given more than 5 years ago
- The meningococcal vaccine given in grade 7 is different from the vaccine given in infancy and protects against more strains of the disease
- **Anyone who has been vaccinated against meningococcal ACYW-135 may not need to get the vaccine again.** Ensure **Part 2** is completed on the consent form

Hepatitis B Disease & The Vaccine

What is Hepatitis B?

- Hepatitis B is an infection of the liver caused by the hepatitis B virus
- Hepatitis B is spread through contact with the blood or body fluids of an infected person. For example, you can get hepatitis B from:
 - Sharing personal care items such as razors and nail clippers
 - Using non-sterile equipment for tattooing, body piercing and salon-type procedures, such as manicures and pedicures
 - Sharing needles for drug use
 - Taking part in unprotected sexual activity with someone infected with hepatitis B
- Some people who get acute hepatitis B infection will carry the virus for life (chronic hepatitis B)

What are the effects of hepatitis B?

- Hepatitis B infection can permanently damage the liver and cause liver cancer
- Symptoms include jaundice (yellow eyes and skin), fever, weakness and/or loss of appetite
- Most people have a mild illness but a few may get very sick and possibly die

How can I prevent hepatitis B?

- Get the vaccine
- Avoid touching another person's blood or body fluids
- Avoid unprotected sexual activity
- Do not share razors, toothbrushes or personal care items with others
- Always make sure that sterile/new equipment is used for tattooing or body piercing and salon procedures

Who should get the hepatitis B vaccine?

- **The vaccine is free for grade 7 students in Ontario** and certain high-risk groups
- The vaccine is approved for use in individuals at any age
- Students who do not get the vaccine in grade 7, or at the catch-up clinics offered by Peel Public Health can get the vaccine through their doctor for a fee

What should I know about the vaccine?

- For students aged 11-15 years, 2 doses are needed
- The vaccine is 95-100% successful in protecting against hepatitis B. It does not protect against other types of hepatitis
- You cannot get hepatitis B from the vaccine
- **Anyone who has been vaccinated against hepatitis B or hepatitis A/B (a travel vaccine) in the past may not need to get the vaccine again.** Ensure **Part 2** is completed on the consent form

Please note that individuals are monitored for 15 minutes after receiving their vaccine(s).

The individual being immunized should wear a short sleeved or loose fitting shirt on the day of clinic.

A translator may be used when needed; it may be a student or staff member at the school.

Human Papillomavirus (HPV) & The Vaccine

What to Expect on Clinic Day

What is HPV?

- HPV is a common virus that infects the skin and genital areas of both males and females
- About 75 percent of adults will have had at least one genital HPV infection over their lifetime
- There is no known cure for HPV infections, but most types of HPV will go away on their own
- HPV usually has no signs or symptoms, so most people don't know they have it and can still spread the virus, even when they do not have any symptoms of infection
- HPV is spread through skin to skin contact with an infected person

What are the effects of HPV?

- Certain types of HPV can cause warts on the skin, genital warts, penile and anal cancers and certain cancers of the head and neck
- Certain types of HPV can also cause cell changes to the cervix, or cervical cancer. Infection with HPV increases your risk of cervical cancer 20 to 100 times
- HPV has been linked to other diseases including vaginal and vulvar cancers
- Although the vaccine provides protection against HPV, it is not a replacement for cervical cancer screening. Regular cervical cancer screening through Pap tests, combined with the vaccine, provide the best protection against cervical cancer

How can I prevent HPV?

- Get the vaccine
- Limit your number of sexual partners
- Use condoms (areas of skin not covered by the condom are not protected)

Who should get the HPV vaccine?

- The vaccine is free for all grade 7 students in Ontario and certain high-risk groups
- The vaccine is approved for use in females ages 9-45 years and males ages 9-26 years
- Students who were eligible for the HPV vaccine in grade 7 and missed their immunizations continue to be eligible until the end of grade 12

Two or three doses of HPV are effective based on age and health conditions

Who should receive 2-doses of HPV?

- Healthy boys and girls between 9-13 years of age. **If the first dose is given before the age of 14, only 2 doses are needed**
- Doses are given six months apart

Who should receive 3-doses of HPV?

- Healthy boys and girls who begin their HPV series at 14 years of age or older
- Boys and girls whose immune system is weakened by medication or disease
- 3 doses are given with at least 2 months between the 1st and 2nd dose and at least 4 months between the 2nd and 3rd dose

What should I know about the vaccine?

- The vaccine provides protection against 4 types of HPV. Types 16 and 18 are considered high risk and are associated with cervical cancer. Types 6 and 11 are considered low risk and are associated with genital warts.
- You cannot get HPV infection from the vaccine

The following questions will be asked on clinic day:

1. Are you feeling well today?

Generally individuals who are feeling unwell but are well enough to attend school can be immunized. Anyone who has a fever or anything more serious than a cold should not get the vaccine until they are well.

2. Do you have any allergies?

Anyone with an allergy to any component of the vaccine will be referred to their doctor for possible immunization.

Meningococcal ACYW-135 vaccine components include: sodium phosphate, sodium chloride and diphtheria toxoid.

Hepatitis B vaccine components include: sodium chloride, aluminum, formaldehyde, thimerosal, 2-phenoxyethanol, sodium borate and yeast.

HPV vaccine components include: aluminum (as amorphous aluminum hydroxyphosphate sulphate adjuvant), sodium chloride, L-histidine, polysorbate 80, yeast and sodium borate.

3. Have you had any problems with vaccines in the past? Have you received any vaccines since your consent was signed?

Anyone with a history of severe reactions following immunization should not be immunized at school. These individuals will be asked to see their family doctor for possible immunization. If you have received meningococcal, hepatitis B or HPV vaccines before, the Nurse will assess if this vaccine is needed.

4. Do you have immune system problems due to medication or disease?

Anyone with a weakened immune system can be immunized with meningococcal, hepatitis B or HPV. Please inform the Nurse who will assess the appropriate number of doses required for full protection.

5. Is there any chance that you could be pregnant?

For meningococcal ACYW-135: The benefits and risks of this vaccine during pregnancy should be assessed and discussed between a pregnant woman and her doctor.

For hepatitis B: The hepatitis B vaccine can be given safely during pregnancy.

For HPV: The HPV vaccine is not recommended during pregnancy.

What can I expect after receiving the vaccine(s)?

- The vaccines are safe and effective
- It is safe for individuals with chronic medical conditions to have the vaccine
- Most people have no problems after getting immunized. Some may have a sore arm or redness, swelling or itchiness at the needle site
- Occasionally, tiredness, headache and/or slight fever may develop
- Severe reactions are very **rare** and may include trouble breathing, swelling of the face or mouth, hives, seizures or fever over 40°C
- Please report severe reactions to your doctor and Peel Public Health at 905-799-7700