

Grade 7 Hepatitis B and Meningococcal Vaccinations Consent Form

Please Read Parent/Student Letter Before Filling Out Information Below.

Student Information (Please Print)

Last Name: _____ First Name: _____ Sex: Male Female

Ontario Health Card # Date of Birth: (yy/mm/dd) ____/____/____

School Name: _____ Teacher: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone # () _____ - _____ Daytime Contact Phone # () _____ - _____

Doctor: _____ By providing doctor's name, you are authorizing Niagara Region Public Health to communicate immunization information to them if requested.

Health History: Please "✓" in correct column below.

Student's Health History Questions	No	Yes	
Any serious past or present medical problems? (e.g., Guillain-Barre Syndrome)			
Any previous serious reaction(s) to any vaccines?			
Any known allergies? (food, drugs, latex, yeast, aluminum, formaldehyde, diphtheria toxoid, other)			
Currently pregnant or breastfeeding?			
Feeling well today?(complete on clinic day)			
Have you received any vaccinations for meningococcal disease in the past? i.e. Menjugate®, NeisVacC®, Menomune®, Menactra®			If yes, provide date(s)/name of vaccine(s)
Have you received Hepatitis B vaccine or Twinrix® (a combined Hep B/Hep A vaccine often received for travel) in the past?			If yes, provide date(s)/name of vaccine(s)

Consent or Refusal for Participation in Grade 7 Vaccination Programs

I have read or had explained to me the information about these vaccines. I understand the benefits, side effects and risks. Any questions have been answered to my satisfaction. **Unless you notify us, your consent is valid until all doses are completed. Provide consent for vaccination or refusal by placing an "X" in the correct boxes below. Both parent and student are to sign the form. Return form to school.**

Consent for Vaccination	Place "X"	Refusal	Place "X"
I want to get Hepatitis B Vaccine		I DO NOT want Hepatitis B Vaccine	
I want to get Menactra® Vaccine		I DO NOT want Menactra® Vaccine	

Parent/Legal Guardian Signature: ✕ _____

Student Signature: ✕ _____ Date: _____

