

TORONTO PUBLIC HEALTH USE ONLY

NURSE TO COMPLETE	DOSE 1	DOSE 2
1. Has the student/parent consented to the meningococcal vaccine?	<input type="radio"/> YES <input type="radio"/> NO	Not Applicable
2. Has the student/parent consented to the human papillomavirus	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
3. Has the student/parent consented to the hepatitis B vaccine?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4. For HPV or Hep B, there is at least 168 days since the first dose.	Not Applicable	<input type="radio"/> YES <input type="radio"/> NO
5. Ensure the student understands why they are receiving the vaccine(s)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
6. Has the student received hepatitis B, HPV or meningococcal vaccine from another health care provider?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
7. Has the student ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
8. Does the student have an allergy to yeast, aluminum, latex, diphtheria or tetanus toxoid protein?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
9. Does the student have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
10. Does the student have a fever today?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

<p>MENINGOCOCCAL-ACYW-135 VACCINE 0.5 mL dose Intramuscular</p> <p>One Dose Only: <input type="radio"/> Nimenrix® <input type="radio"/> Menveo™ <input type="radio"/> Menactra® DATE _____</p> <p>Vaccine loaded by <input type="radio"/> Self TIME _____</p> <p> <input type="radio"/> Other: _____ LOT # _____</p> <p>SIGNATURE: _____ IM DELTOID Left Right</p> <p>Panorama entered by: _____</p>	
<p>HUMAN PAPILOMAVIRUS VACCINE Gardasil®9 0.5 mL dose Intramuscular</p> <p>Dose 1</p> <p>Vaccine loaded by: <input type="radio"/> Self <input type="radio"/> Other: _____</p> <p>DATE _____ TIME _____</p> <p>LOT # _____ IM DELTOID Left Right</p> <p>SIGNATURE: _____</p> <p>Panorama entered by: _____</p>	<p>Dose 2</p> <p>Vaccine loaded by: <input type="radio"/> Self <input type="radio"/> Other: _____</p> <p>DATE _____ TIME _____</p> <p>LOT # _____ IM DELTOID Left Right</p> <p>SIGNATURE: _____</p> <p>Panorama entered by: _____</p>
<p>HEPATITIS B VACCINE 0.5 mL or 1.0 mL dose Intramuscular</p> <p>Dose 1</p> <p><input type="radio"/> Engerix®-B 0.5mL <input type="radio"/> Engerix®-B 1.0mL</p> <p><input type="radio"/> RecombivaxHB® 0.5mL <input type="radio"/> RecombivaxHB® 1.0mL</p> <p>Vaccine loaded by <input type="radio"/> Self <input type="radio"/> Other: _____</p> <p>DATE _____ TIME _____</p> <p>LOT # _____ IM DELTOID Left Right</p> <p>SIGNATURE: _____</p> <p>Panorama entered by: _____</p>	<p>Dose 2</p> <p><input type="radio"/> Engerix®-B 0.5mL <input type="radio"/> Engerix®-B 1.0mL</p> <p><input type="radio"/> RecombivaxHB® 0.5mL <input type="radio"/> RecombivaxHB® 1.0mL</p> <p>Vaccine loaded by <input type="radio"/> Self <input type="radio"/> Other: _____</p> <p>DATE _____ TIME _____</p> <p>LOT # _____ IM DELTOID Left Right</p> <p>SIGNATURE: _____</p> <p>Panorama entered by: _____</p>

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