

CONSENT FORM

Vaccine Preventable Diseases Program

Step 1. Stud	lent inform	ormation TPH Client ID #					
Last Name			First Name	Ontario Health Card	#	Gender	
Birthday			School			Class or Teach	er's Name
Year	Month	Day		<u> </u>			
Parent / Legal (Guardian Name (please print)		Parent / Legal Guardian Phone			
Step 2. Stud	lent Vaccina	ation Histor	·v				
•			d the following vaccine(s), please		Date vacci	ine was given	
circle the trade name and provide date the vaccine was given				DOSE 1	D	OSE 2	DOSE 3
1. Meningo	ococcal-ACY	W vaccine (special purchase e.g. for travel)				
Menacti	Menactra® MenveoTM Nimenrix®				_		
2. Human	Human papillomavirus (HPV) vaccine (2 or 3 dose series)						
Gardasil	® Ga	ardasil-9®	Cervarix®	yyyy/mm/dd	yyyy/mm/dd		yyyy/mm/dd
			ccine (2, 3 or 4 dose series)				
Engerix [®] hexa [®] , P		oivax-HB® ¯	Twinrix®Jr Twinrix® INFANRIX-	yyyy/mm/dd	yyyy/mm/dd		yyyy/mm/dd
Step 3. Hea	alth History	1				If "y	es", explain
•	-	gic to yeast, a ein? Any oth	lluminum, latex, diphtheria or er allergies?	YES	O NO		
b) Has the	e student eve	er had a reac	tion to a vaccine?	YES	O NO		
c) Does the student have a history of fainting?				YES	O NO		
d) Does tl	ne student ha	ave a serious	medical condition?	YES	O NO		
-			mmune system, or on a medication m or increases the risk of infection?	YES	O NO		
have read accines. I u oronto Puk	nderstand tolic Health.	d vaccine in the possible This consen	formation. I understand the expective risks of not being vaccinated. I hat is valid for two (2) years. I under the administered in one day.	ve had the oppor	tunity to hav	e my questi	ons answered by
	,		Health to administer the follow	_			
Check ⊘	all the vac	ccines you	give permission for the student	to receive.			
Note: Toron	to Public Hea	lth will revie	w the student's vaccination history (see	e Step 2) and vaccir	nate only if the	student requ	ires it.
	neningococc 1 dose)	al vaccine	human papillomavirus (2 or 3 doses)	accine hepatitis B vaccine (2 or 3 doses)			
NO I do not	authorize Torc	onto Public He	alth to administer the following vaccines	s to the student:			
Check	or each vaccin	e you do not v	want the student to receive:				
On	neningococc	al vaccine	human papillomavirus	vaccine	hep	atitis B vacci	ne
X			() F	Parent \(\bigc\) Lega	Il Guardian		
	e of Parent/	Legal Guardi		Relationship to S			Date
	•						

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act. It is used to administer the TPH Vaccine Preventable Diseases (VPD) Program, including maintaining immunization records for students. For more information, visit https://www.toronto.ca/community-people/health-wellness-care/information-practices-statement/ or contact 416-338-7600.

TORONTO PUBLIC HEALTH USE ONLY								
NURSE TO COMPLETE	DOSE 1	DOSE 1 DOSE 2						
1. Has the student/parent consented to the meningococcal vacci	ne? YES NO	Not Applicable						
2. Has the student/parent consented to the human papillomaviru	us YES NO	YES NO						
3. Has the student/parent consented to the hepatitis B vaccine?	YES NO	YES NO						
4. For HPV or Hep B, there is at least 168 days since the first dose	Not Applicable	YES NO						
5. Ensure the student understands why they are receiving the vaccine(s)	YES NO	YES NO						
6. Has the student received hepatitis B, HPV or meningococcal vaccine from another health care provider?	YES NO	YES NO						
7. Has the student ever had a reaction to a vaccine?	YES NO	YES NO						
8. Does the student have an allergy to yeast, aluminum, latex, diphtheria or tetanus toxoid protein?	YES NO	YES NO						
9. Does the student have a serious medical condition?	YES NO	YES NO						
10. Does the student have a fever today?	YES NO	YES NO						
MENINCOCOCCAL ACVIAL 125 VACCINIS OF THE LITTLE STATE OF THE LITTL								
MENINGOCOCCAL-ACYW-135 VACCINE 0.5 mL dose Intramuscular One Dose Only: ○ Nimenrix® ○ Menveo™ ○ Menactra® DATE								
	ME							
	OT#	_						
	IM DELTOID Left Right							
Panorama entered by:								
HUMAN PAPILLOMAVIRUS VACCINE Gardasil® 9 0.5 mL dose	ntramuscular							
Dose 1	ose 2							
Vaccine loaded by: Oself Other: V	accine loaded by: O Self	Other:						
DATETIME	DATETIMI	Ē						
	OT#IM DI							
SIGNATURE: S	IGNATURE:							
Panorama entered by:	Panorama entered by:							
HEPATITISBVACCINE 0.5mLor1.0mLdose II	Intramuscular							
Engerix®-B 0.5mL Engerix®-B 1.0mL	Dose 2 Engerix®-B 0.5mL Engerix®-B 1.0mL Recombivax HB® 0.5mL Recombivax HB® 1.0mL							
	Vaccine loaded by Self Other:							
	DATETIME							
LOT#IM DELTOID Left Right L	OT#IM DE	ELTOID Left Right						
SIGNATURE: S	IGNATURE:							
Panorama entered by	Panorama entered by							
NOTES								