

Step 1. Student Information

TPH Client ID #

Last Name			First Name	Ontario Health Card #	Gender
Date of Birth			School	Class or Teacher's Name	
Year	Month	Day			
Parent / Legal Guardian Name (please print)				Parent / Legal Guardian Phone	

Step 2. Student Vaccination History

If the student has already received the following vaccine(s), please circle the trade name and provide the date the vaccine was given	Date vaccine was given		
	DOSE 1	DOSE 2	DOSE 3
1. Meningococcal-ACYW vaccine (special purchase e.g. for travel) Menactra®    MenveoTM    Nimenrix®    MenQuadfi®	_____		
	yyyy/mm/dd		
2. Human papillomavirus (HPV) vaccine (2 or 3 dose series) Gardasil®    Gardasil-9®    Cervarix®	_____	_____	_____
	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd
3. Hepatitis B (or combination) vaccine (2, 3 or 4 dose series) Engerix®-B    Recombivax-HB®    Twinrix®Jr    Twinrix®    INFANRIX-hexa®, Pediarix™	_____	_____	_____
	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

Step 3. Health History

If “yes”, explain

a) Is the student allergic to yeast, aluminum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input type="radio"/> YES <input type="radio"/> NO	
b) Has the student ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
c) Does the student have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
d) Does the student have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	
e) Does the student have a weak immune system, or on a medication that weakens the immune system or increases the risk of infection?	<input type="radio"/> YES <input type="radio"/> NO	

Step 4. Consent for vaccination – MUST BE COMPLETED

I have read the attached vaccine information. I understand the expected benefits and possible risks and side effects of the vaccines. I understand the possible risks of not being vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health. **This consent is valid for two (2) years.** I understand that I can withdraw my consent at any time. I understand that three needles may be administered in one day.

<p><b>YES</b>, I authorize Toronto Public Health to administer the following vaccines:</p> <p>Check <input checked="" type="checkbox"/> all the vaccines you give permission for the student to receive.</p> <p>Note: Toronto Public Health will review the student’s vaccination history (see Step 2) and vaccinate only if the student requires it.</p> <p><input type="radio"/> Meningococcal vaccine (1 dose)</p> <p><input type="radio"/> Human papillomavirus vaccine (2 or 3 doses)</p> <p><input type="radio"/> Hepatitis B vaccine (2 or 3 doses)</p>	<p><b>NO</b>, I do not authorize Toronto Public Health to administer the following vaccines to the student:</p> <p>Check <input checked="" type="checkbox"/> for each vaccine you do not want the student to receive:</p> <p><input type="radio"/> Meningococcal vaccine</p> <p><input type="radio"/> Human papillomavirus</p> <p><input type="radio"/> Hepatitis B vaccine</p>
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X

Signature of Parent/Legal Guardian (Consent valid for 2 years)

☐ Parent    ☐ Legal Guardian

Relationship to Student

Date

TORONTO PUBLIC HEALTH USE ONLY

Verbal Consent (Nurse to Complete)		
Granted <input type="checkbox"/> Men4 <input type="checkbox"/> HepB (2 or 3 doses) <input type="checkbox"/> HPV (2 or 3 doses)		Date: <div></div>
Time: <div></div>		
<div><input type="checkbox"/> Confirm student identifiers (e.g., school, DOB)</div> <div><input type="checkbox"/> Consent is for the entire vaccine series</div> <div><input type="checkbox"/> Valid until vaccine series is complete, or for <b>up to 2 years</b> – consent can be withdrawn at any time</div> <div><input type="checkbox"/> What the vaccine series involves (number of doses, schedule)</div> <div><input type="checkbox"/> Expected benefit(s) of the vaccine</div> <div><input type="checkbox"/> Risk(s) associated with not getting the vaccine</div> <div><input type="checkbox"/> Common adverse reactions and possible severe adverse reactions and their frequency</div> <div><input type="checkbox"/> Any vaccine contraindications</div> <div><input type="checkbox"/> Vaccine information provided above was understood</div> <div><input type="checkbox"/> Opportunity to ask questions was provided</div> <div><input type="checkbox"/> Vaccine fact sheet was provided (and/or directions for online access)</div>		
Name of Person Providing Consent: <div></div>		
Relationship: <div></div>		Phone Number: <div></div>
Name of Nurse: <div></div>		Nurse Signature: <div></div>
NURSE TO COMPLETE	DOSE 1	DOSE 2
1. Has the student/parent consented to the meningococcal vaccine?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	Not Applicable
2. Has the student/parent consented to the HPV vaccine?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>
3. Has the student/parent consented to the hepatitis B vaccine?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>
4. For HPV or Hep B, there is at least 168 days since the first dose.	Not Applicable	<div><input type="radio"/> YES <input type="radio"/> NO</div>
5. Student understands why they are receiving the vaccine(s).	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>
6. Has the student received hepatitis B, HPV or meningococcal vaccine from another health care provider?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>
7. Has the student ever had a reaction to a vaccine?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>
8. Does the student have an allergy to yeast, aluminum, latex, diphtheria or tetanus toxoid protein?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>
9. Does the student have a serious medical condition?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>
10. Does the student have a fever today?	<div><input type="radio"/> YES <input type="radio"/> NO</div>	<div><input type="radio"/> YES <input type="radio"/> NO</div>

MENINGOCOCCAL-ACYW VACCINE 0.5mLdose		Intramuscular
One Dose Only: <div><input type="radio"/> Nimenrix® <input type="radio"/> Menveo™ <input type="radio"/> Menactra® <input type="radio"/> MenQuadfi®</div>		DATE <div></div>
IM DELTOID <div>Left Right</div>		TIME <div></div>
SIGNATURE: <div></div>		LOT# <div></div>
HUMAN PAPILLOMAVIRUS VACCINE Gardasil®9 0.5 mL dose		Intramuscular
Dose 1	Dose 2	
DATE <div></div> TIME <div></div>	DATE <div></div> TIME <div></div>	
LOT# <div></div> IM DELTOID <div>Left Right</div>	LOT# <div></div> IM DELTOID <div>Left Right</div>	
SIGNATURE: <div></div>	SIGNATURE: <div></div>	
HEPATITISB VACCINE 0.5mL or 1.0mL dose		Intramuscular
Dose 1	Dose 2	
<div><input type="radio"/> Engerix®-B 0.5mL <input type="radio"/> Engerix®-B 1.0mL <input type="radio"/> RecombivaxHB® 0.5mL <input type="radio"/> RecombivaxHB® 1.0mL</div>	<div><input type="radio"/> Engerix®-B 0.5mL <input type="radio"/> Engerix®-B 1.0mL <input type="radio"/> RecombivaxHB® 0.5mL <input type="radio"/> RecombivaxHB® 1.0mL</div>	
DATE <div></div> TIME <div></div>	DATE <div></div> TIME <div></div>	
LOT# <div></div> IM DELTOID <div>Left Right</div>	LOT# <div></div> IM DELTOID <div>Left Right</div>	
SIGNATURE: <div></div>	SIGNATURE: <div></div>	

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