

HEPATITIS B CONSENT FORM



What is Hepatitis B?

The Hepatitis B virus can permanently damage your liver. It is the number one cause of liver cancer. You need your liver to digest food and remove waste from your body. People with Hepatitis B often become tired, feverish, lose their appetite, and sometimes get yellow skin and eyes (called jaundice).

How is Hepatitis B Spread?

The virus is spread from person to person when body fluids are passed with an infected person. You can get Hepatitis B if dirty equipment is used for your piercing or tattoo; if you share razors, nail files, or toothbrushes; have unprotected sex; have a needle stick injury or share needles or other equipment for drug use; blood splashes on the eye, nose, mouth or broken skin; or from a woman to her baby during pregnancy, birth or breastfeeding.

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HEPATITIS B IMMUNIZATION RECORD

Student's name: _____

Date of Birth: _____

1. _____

2. _____

Keep this important record with your personal health files when the two injections have been given.

If your child has already had the vaccine, please provide the dates above and return.

This consent is valid until completion of required doses unless notified by the Parent/Guardian.

Is There A Cure?

There is no cure for Hepatitis B. Some people will die. Hepatitis B infection increases the risk of developing liver cancer.

Can Hepatitis B Be Prevented?

The Ministry of Health has a voluntary Hepatitis B vaccination program available to all students in Ontario. The vaccine is given at an age before most chances of being exposed to the virus occur. The Hepatitis B vaccine offered at school clinics involves two separate injections given four to six months apart during the school year. Vaccinations for Hepatitis B are voluntary and both injections are needed to be fully protected.

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REQUEST FOR HEPATITIS B IMMUNIZATION

Student's Name:

Last _____ First _____

Sex: male / female

Date of Birth: yr _____ mm _____ day _____

Health Card #: _____

School: _____ Room: _____

I have read or had explained to me this information about the vaccine. I understand the benefits, side effects and risks. Any questions have been answered to my satisfaction.

I ASK THAT THE ABOVE NAMED BE VACCINATED AGAINST HEPATITIS B (TWO DOSES).

Date: _____ Signature: _____

Phone #: home _____ work _____

Parent/Guardian Name/ *(please print)*

What are the possible side effects?

As with any vaccination, side effects can occur. The most common side effects are headache, redness, swelling and pain at the injection site, tiredness, and low grade fever. Serious side effects are rare, but if difficulty breathing, hives or swelling of the throat occurs, call your health care provider or go to the nearest emergency room.

Who Should NOT Get the Hepatitis B Vaccine?

- You have a history of severe reactions to vaccinations in the past.
- If you have a fever or anything more serious than a minor cold (delay immunization until you are well).
- You have an active neurological disorder such as Guillain-Barre Syndrome.
- You have severe allergies to yeast, latex, aluminum, and formaldehyde.

PARENTS/GUARDIANS

If you wish to immunize your child for Hepatitis B:

- Please complete and sign the consent form and return it to the school.

IF YOU DO NOT WANT YOUR CHILD TO BE IMMUNIZED, PLEASE DO NOT SEND THE CONSENT FORM BACK.

For more information, please contact:

The Vaccine Preventable Diseases program at Leeds, Grenville and Lanark District Health Unit

Smiths Falls Office

613-283-2740

Brockville Office

613-345-5685 or 1-800-660-5853

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FOR NURSE'S USE ONLY:

Recombivax HB 1ml IM • Engerix 1ml IM

#1

Right/left

Deltoid	date	time	lot#
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Nurse's signature: _____

Recombivax HB 1ml IM • Engerix 1ml IM

#2

Right/left

Deltoid	date	time	lot#
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Nurse's signature: _____

Nurse Comments:

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This information is being collected under the authority of the *Immunization of School Pupils Act*, R.S.O. 1990, c.I.1 and the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 for the purpose of enabling the Medical Officer of Health for Leeds, Grenville & Lanark to maintain a record of immunization and for the provision of statistical data to the Ministry of Health and Long Term Care. This information will be retained, used, disclosed and disposed of in accordance with the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3. For more information, contact the Vaccine Preventable Diseases Program at the Leeds, Grenville & Lanark District Health Unit at 613-345-5685.