

5. Is the vaccine safe?

The vaccine is safe. It has been used in Canada for more than 10 years and it is one of the safest vaccines around. It might cause minor side effects – maybe redness, warmth or slight swelling where the needle went in, maybe tiredness or slight fever for a day or so. More serious reactions occurring within 15 days should be reported to your doctor or local public health division. These include trouble breathing, swelling of face or mouth, a fever over 39°C, hives or rashes.

6. Who should not receive the vaccine?

The risk from Hepatitis B is much greater than the risk from the vaccine. But some people should not have this vaccine. The nurse will delay giving the vaccine to anyone who has a fever or anything more serious than a minor cold. If there has been a past allergic reaction to vaccine or a bad reaction to thimerosal (mercury – a preservative in vaccines), aluminum or yeast, check with your doctor before getting this vaccine.

7. What to do

Please sign the Hepatitis B Immunization consent form and return it to the school.

Please keep the rest of this sheet for your information.

For more information, please contact:

**Chatham-Kent Public Health Unit
Vaccine Preventable Diseases Program
Telephone 352-7270 Ext. 2900**



For Nurse's Use Only

Vaccine: Recombivax 1.0ml Intramuscular

1. L / R Deltoid DATE : _____ **Time** _____ **Lot#** _____

Nurse's Signature _____

2. L / R Deltoid DATE : _____ **Time** _____ **Lot#** _____

Nurse's Signature _____

Client Record Continuation Notes

This information is collected under the Authority of sections 2 and 5 of the Health Protection and Promotion Act and Ont. Reg 585/94. Under the Health Cards and Numbers Control Act and Section 11 under the Immunization of Schools Pupils Act for the purpose of maintaining an immunization record for this student. For more information, contact the Freedom of Information Co-ordinator at your Public Health Division., Ministry of Health ©Queen's Printer for Ontario 1996 IMM08?Cat=2129478



HEPATITIS B SCHOOL PROGRAM

WHAT YOU NEED TO KNOW



1. Why get vaccinated?

The Hepatitis B virus can permanently damage your liver. It is the biggest cause of liver cancer.

You need your liver to digest food and remove waste from your body.

There are around 300 cases reported in Ontario each year. People with Hepatitis B often become tired, feverish, lose their appetite and sometimes get yellow skin and eyes (called jaundice).

There may be many more people with Hepatitis B. You can get it and not even know it. That means you can infect someone else without knowing.

3. Is there a cure?

There is no cure for Hepatitis B. Most people get well but about 10% will carry the virus for life and keep infecting other people. Some people will die. There is no way of telling who.

2. How you can catch Hepatitis B

You can get Hepatitis B through the blood and other body fluids from an infected person. You can also pick it up from intimate contact, through used needles and through body/ear piercing or tattooing with dirty equipment. An infected mother can pass it on to her child at birth. You cannot get Hepatitis B from someone coughing or from hugging or using the same dishes.

4. There is prevention!

Hepatitis B can be prevented. The Ministry of Health has a voluntary Hepatitis B vaccination program. It is for all students in Ontario, at an age before most chances of being exposed to the virus occurs. A nurse gives an injection twice during the school year. →→→→→

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Hepatitis B Immunization Consent Form

Student's Name

Last _____ First _____ Sex M F

Birth Date (Year/Month/Day) _____

Health Card No. _____

School _____ Room _____

Do you have any allergies? No Yes
Specifically to: thimerosal (mercury) aluminum yeast latex

Have you ever had a reaction to a vaccine?

No Yes

If YES, please explain:

Have you already received Hepatitis B vaccine?

No Yes

(Please note that HIB is not the same as Hepatitis B)

If YES, please provide dates:

#1 _____ #2 _____

I have read or had explained to me this information about the vaccine. I have had the chance to ask questions, which were answered to my satisfaction.

I ask that the above named be vaccinated against Hepatitis B (two doses)

Signature _____ Date _____

Parent/Guardian/Student (please print) _____

Phone No. Home _____ Bus _____

Unless cancelled, this request is valid for the time period needed to give two doses of the vaccine.