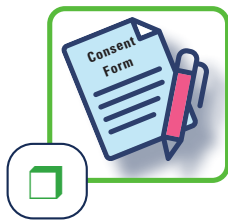


## School Immunization Program

# Student & Parent Checklist

This is a reminder that Toronto Public Health will be coming to your school to offer Hepatitis B, HPV and Meningococcal vaccines to Grade 9 to 12 students who are missing one or more doses of these important vaccines.

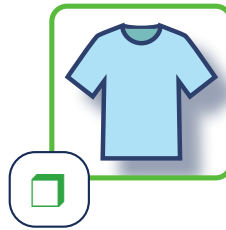
### Student's Checklist for Day of the Clinic:



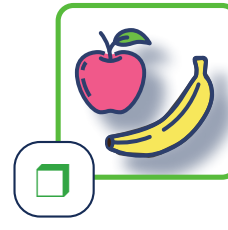
**Complete & sign the consent form. Bring it to school.**



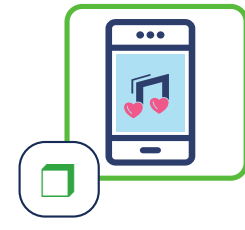
**Bring a copy of your yellow immunization record if available.**



**Wear a loose fitting or short sleeve shirt.**



**Eat something before the clinic.**



**Take deep breaths to stay calm & bring music to distract yourself.**

• Masks must be worn at the clinic •

### Checklist before the Clinic: Completing the Consent Form

- ❑ Review the [Vaccine Fact Sheet](#). If you have [questions about the vaccines](#), speak to a health care provider.
- ❑ Fully complete the consent form and sign it. Students under 14 years of age require a signed consent from a parent/guardian. Students who are 14 years of age and older who are capable of making the decision can give informed consent.

### Step 1: Student Information

- Include a cell phone number for your parent or legal guardian in case the nurse needs to contact them.
- Include the full name of your school and homeroom teacher's name.

*Example of a completed form*

Last Name			First Name	Ontario Health Card #	Sex
Ochoa			Antonio	1234-567-890	Male
Birth Year	Month	Day	School	Class or Teacher's Name	
2008	01	01	Toronto High School	9A, Mrs. Xiang	
Parent/Legal Guardian Name (Please print)				Parent/Legal Guardian Phone	
Sofia Ochoa				416-123-4567	

### Step 2: Student Vaccination History

- Check your yellow vaccine card or the [Immunization Connect Ontario \(ICON\)](#) online tool to see whether you already got these vaccines. These vaccines are usually given for free by public health in grade 7. Many students missed these vaccines because of the COVID-19 pandemic. You may have received one of these vaccines if you purchased them(e.g. due to travel) or if you were vaccinated in another country.



- If you already received any of the vaccines, please place a checkmark on the names of the vaccines and date(s) given.
- **The [meningococcal ACYW-135 vaccine](#) or a valid exemption is required for students 12 years of age and older for school attendance**, even if you already received a meningococcal-C (Men-C-C) vaccine.
- On the day of the clinic, bring a copy of your yellow immunization card, if available.
- Public Health nurses will review your immunization records and vaccinate only if required.

### Step 3: Health History

- Check off "Yes" or "No" for each item about your health. Explain any "Yes" responses.

### Step 4: Consent for vaccination

- Please check  YES or  NO for each vaccine.
- Sign and date the form.

<p>Check <input checked="" type="checkbox"/> all the vaccines you give permission for the student to receive</p>	<p>OR</p>	<p><b>YES</b></p> <p>I authorize Toronto Public Health to administer the following vaccines:</p> <p><input checked="" type="checkbox"/> Check 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="checkbox"/> meningococcal vaccine (1 dose)</p> <p><input type="checkbox"/> human papillomavirus vaccine (2 or 3 doses)</p> <p><input type="checkbox"/> hepatitis B vaccine (2 or 3 doses)</p>
<p>Check <input checked="" type="checkbox"/> all the vaccines you DO NOT give permission for the student to receive</p>		<p><b>NO</b></p> <p>I do not authorize Toronto Public Health to administer the following vaccines to the student:</p> <p><input checked="" type="checkbox"/> Check all the vaccines you do not want the student to receive.</p> <p><input type="checkbox"/> meningococcal vaccine</p> <p><input type="checkbox"/> human papillomavirus vaccine</p> <p><input type="checkbox"/> hepatitis B vaccine</p>
<p><i>Signature</i></p> <hr/> <p>Signature of Parent/Legal Guardian/Student Over 14 Years Old</p>		<p><b>Date</b></p> <hr/> <p>Date</p>
<p>Relationship to Student: <input type="checkbox"/> Parent      <input type="checkbox"/> Legal Guardian</p>		