

Step 1. Student Information

Last Name			First Name			Ontario Health Card #			Sex		
Birthday Year	Month		Day		School			Class or Teacher's Name			
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 choose the trade name and provide 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® Menveo™ Nimenrix® _____ 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 _____ _____ _____ yyyy/mm/dd yyyy/mm/dd yyyy/mm/dd Twinrix® INFANRIX-hexa® _____ _____ yyyy/mm/dd yyyy/mm/dd			

Step 3. Health History

If "yes", explain

a) Is the student allergic to yeast, alum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	YES NO	
b) Has the student ever had a reaction to a vaccine?	YES NO	
c) Does the student have a history of fainting?	YES NO	
d) Does the student have a serious medical condition?	YES 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?	YES NO	

Step 4. Consent for vaccination

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 getting vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health. This consent is valid for two years. I understand that I can withdraw my consent at any time. I understand that my child may receive up to three needles in one day.

YES I authorize Toronto Public Health to administer the following vaccines:

Check all the vaccines you give permission for the student to receive.

Note: Toronto Public Health will review the student's vaccination history (see Step 2) and vaccinate only if the student requires it.

meningococcal vaccine
(1 dose)

human papillomavirus vaccine
(2 or 3 doses)

hepatitis B vaccine
(2 or 3 doses)

NO I do not authorize Toronto Public Health to administer the following vaccines to the student:

Check for each vaccine you do not want the student to receive:

meningococcal vaccine

human papillomavirus vaccine

hepatitis B vaccine

X

	Parent	Legal Guardian	
Signature of Parent/Legal Guardian/Student Over 14 years old	Relationship to Student	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.

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NURSE TO COMPLETE	DOSE 1		DOSE 2	
1. Has the student/parent consented to the meningococcal vaccine?	YES	NO	Not Applicable	
2. Has the student/parent consented to the human papillomavirus vaccine?	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, alum, 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
11. Is the student pregnant?	YES	NO	YES	NO

MENINGOCOCCAL-ACYW-135 VACCINE			0.5 mL dose	Intramuscular		
One Dose Only:	Nimenrix®	Menveo™	Menactra®	DATE		
Vaccine loaded by	Self			TIME		
	Other:			LOT #		
SIGNATURE:				IM DELTOID	Left	Right
Panorama entered by:						
HUMAN PAPILLOMAVIRUS VACCINE		Gardasil®9	0.5 mL dose	Intramuscular		
DOSE 1:				DOSE 2:		
Vaccine loaded by	Self	Other		Vaccine loaded by	Self	Other
DATE		TIME		DATE		TIME
LOT #	IM DELTOID		Left	Right	LOT #	IM DELTOID
SIGNATURE			SIGNATURE			
Panorama entered by				Panorama entered by		
HEPATITIS B VACCINE		0.5 mL dose		Intramuscular		
DOSE 1:				DOSE 2:		
Vaccine loaded by	Self	Other		Vaccine loaded by	Self	Other
DATE		TIME		DATE		TIME
LOT #	IM DELTOID		Left	Right	LOT #	IM DELTOID
SIGNATURE			SIGNATURE			
Panorama entered by				Panorama entered by		

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