

HEPATITIS B

Grade 7 Vaccination Program Consent Form



What is Hepatitis B?

Hepatitis B is caused by a virus. It can result in permanent liver damage and scarring, leading to liver failure, liver cancer and even death.

There is no cure for Hepatitis B.

If exposed to the Hepatitis B virus, most people fight it off and develop antibodies to it. Up to 10 per cent will carry the virus for life and continue to infect others.

There are over 3,000 new cases in Canada each year.

How is Hepatitis B spread?

Hepatitis B is transmitted through contact with the blood and other body fluids from an infected person. You can acquire Hepatitis B from intimate contact, through used needles, and through body/ear piercing or tattooing with dirty equipment. Contact with infected blood can result from something as simple as a child being involved in a school yard fight or helping a friend bandage an open wound.

Missionary service or emergency aid workers can also become infected when caring for or living among persons who carry the virus. In many countries, Hepatitis B is very common. A mother who is infected with Hepatitis B may pass the virus to the baby when the baby is born.

You will not get Hepatitis B from sneezing, coughing, shaking hands or using the same dishes.

What are the symptoms of Hepatitis B?

Symptoms of a Hepatitis B infection include tiredness, weakness, nausea, vomiting, loss of appetite, abdominal pain, and jaundice (yellowish skin and eyes).

How can I protect myself from getting Hepatitis B?

- Avoid coming into contact with another person's blood and body fluids
 - Get immunized. The provincial government is funding Hepatitis B vaccine at no cost to all students in grade 7.
- Two doses** of Hepatitis B vaccine given 4–6 months apart are required to complete the series.

Are there side effects from the Hepatitis B vaccine?

The risk of the vaccine causing serious harm is minimal. All the components of the vaccine have been found to be very safe.

Common side effect are soreness and redness at the site of the injection, and a mild fever for 1–2 days.

More severe side effects such as high fever, trouble breathing, hives, and convulsions are extremely rare.

If serious side effects occur, see your doctor right away or go directly to the hospital.

...continued on next page

Consent for HEPATITIS B Vaccination

(Read information attached, complete consent portion, detach and return to school within **two days**)

Student Information

Last Name: _____ First Name: _____ Sex: Male Female

Birth Date: _____ / _____ / _____ Home#: _____ Alternate#: _____ Age: _____

Address: _____ Postal Code: _____

Name of School Facility: _____ Room #: _____ Ontario Health Card # (optional): _____

Consent for Immunization (check one option and sign below)

I have read the attached Hepatitis B vaccine fact sheet. I understand Region of Waterloo Public Health collects personal health information to administer its Vaccine Preventable Diseases Program. I understand the expected benefits and possible risks and side effects of the Hepatitis B vaccine. I understand the possible risks to my child if they are not vaccinated. I have had the opportunity to have my questions answered. I consent to the following option for my child. I understand that I can withdraw my consent at any time. To withdraw consent, contact Region of Waterloo Public Health at 519-575-4400.

Yes, please vaccinate my child with two doses of Hepatitis B vaccine.

No, do not vaccinate my child with the Hepatitis B vaccine. I understand the possible risks to my child if they are not vaccinated.

My child has received one or more doses of Hepatitis B vaccine. Please vaccinate my child to complete their series (if needed) to be fully immunized. Parents and Guardians -- Please check the vaccine given and list dates (if known):

Recombivax® Engerix® Twinrix® (Note: Twinrix® is not publicly funded. Please complete series with your family doctor)

Date of first dose: _____ Date of second dose: _____ Date of third dose: _____

Parent/Legal Guardian Signature: **X**

Mother Father Guardian

Date: _____

Who should NOT get the Hepatitis B vaccine?

The nurse will delay giving the vaccine to anyone who:

- Has a fever or anything more serious than a minor cold
- Has had a past allergic reaction to a vaccine or a bad reaction to thimerosal (methylmercury—a preservative in vaccines, also used in contact lens solution), aluminum or yeast, check with your doctor before getting this vaccine.

Who can consent to getting the Hepatitis B vaccine?

There is no minimum age for giving consent in Ontario (Ontario Health Care Consent Act).

A person can consent to immunization if she understands the information (such as risks and benefits) that is important to making the decision, and appreciates the consequences of having or not having the immunization.

Region of Waterloo Public Health prefers to have parental consent in order to immunize in the schools.

A student can choose to receive an immunization or choose to refuse an immunization. Parents may sign the consent form, but the student may refuse the immunization and it will not be given. In the absence of a parent-signed consent form, a student who is judged capable of giving informed consent and is requesting the vaccine, will receive their immunization.

What is the role of the parent or guardian?

All parents or guardians are encouraged to discuss this immunization with their child.

If you do not wish to have your child immunized, check off the NO box, sign the consent form and return the consent form to the school.

If your child has already had the vaccine, check off the third box that states, “My child has received one or more doses of Hepatitis B vaccine” and enter the dates in the space provided to ensure that your child’s immunization record with Region of Waterloo Public Health can be updated accordingly.

Notes:

- Children born outside of Canada may have completed a Hepatitis B vaccine series during infancy.
- Your child may have started or completed a Hepatitis B vaccine series for international travel purposes
- Hepatitis B vaccine is not the same vaccine as HIB (Haemophilus Influenza B) vaccine routinely given in early childhood.

What if a school clinic is missed?

Contact Region of Waterloo Public Health to make an appointment at our Waterloo or Cambridge offices at 519-575-4400.

This information is collected under the authority of sections 2 and 5 of the Health Protection and Promotion Act and Ont 585/94 under the Health Cards and Numbers Control Act and Section II under the Immunization of School Pupils Act for the purpose of maintaining an immunization record for this student.

**For more information call 519-575-4400 (TTY 519-575-4608)
or visit www.regionofwaterloo.ca/ph**

This resource is available in accessible formats upon request.

For Public Health Nurse Use Only

Dose	Vaccine	Lot No.	Dose	Expiry Date (YYYY/MM/DD)	Site (IM)	Date Given (YYYY/MM/DD)	Time (h)	Signature
1	<input type="checkbox"/> Recombivax® <input type="checkbox"/> Engerix®		<input type="checkbox"/> 1.0 ml					
2	<input type="checkbox"/> Recombivax® <input type="checkbox"/> Engerix®		<input type="checkbox"/> 0.5 ml					

Date (YYYY/MM/DD)	Time	Documentation