

Hepatitis A Vaccination
(Havrix)

Student's Name: (Last) _____ (First) _____	
Birth date: (Year) _____ (Month) _____ (Day) _____	Sex: Male or Female
Address: _____	
Telephone Number: _____	Student #: _____

- | | |
|---|--|
| 1. Have you had a previous vaccine for Hepatitis A before today? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 2. Have you ever had a reaction to any immunization in the past? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 3. Have you read and understood the Hepatitis A fact sheet? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 4. Do you know how you can get Hepatitis A disease? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 5. Do you understand the benefits of receiving this vaccine? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 6. I understand that I must complete a series of two injections in order to obtain the full benefit of the vaccine. | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 7. Do you know the types of side effects that you might experience after receiving this vaccine? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 8. Are you hypersensitive / allergic to <u>Neomycin?</u> | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 9. Are you sick today with anything more than a cold or fever? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 10. Do you have any serious health problems? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 11. Are you taking any medication that may lower your immune system, e.g. anti-cancer agent? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 12. Do you think you might be pregnant? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |

I have received and reviewed information provided by Humber College nursing staff about Hepatitis A vaccine. I understand the expected benefits, the material risks and side effects of this vaccine and the likely consequences if I am not vaccinated against Hepatitis A infection. I agree to notify Humber College Nursing Staff if I have received Hepatitis A vaccine from another source in the past and if I receive any vaccine in the future from another source. I have been informed of the importance of immediately reporting to a physician any adverse reaction to the vaccine I may have and I understand that if I require any additional information on this or other vaccines, I can call the Immunization Infoline at (416) 392-1250.

I consent to having one dose of Hepatitis A Vaccine.

Date: _____ Signature: _____

FOR CLINIC USE ONLY

Vaccine: _____	Lot # _____	Date: _____	Time: _____
Rt. deltoid / Lt. Deltoid		Route: IM	Dosage: 1.0 ml.
Dosing Nurse: _____		Loading Nurse: _____	

