



# Hepatitis A vaccination

EMBOSSER ICI LA CARTE BLEUE DU CSI  
EMBOSS HERE THE BLUE CARD OF IHC

# File : \_\_\_\_\_

Last name, First name : \_\_\_\_\_

Date of birth : \_\_\_\_\_

## SECTION A – Medical and vaccination history

1. Have you (or this child) ever had a serious allergic reaction that required emergency medical care?

Yes  No  Don't know

If yes, describe: \_\_\_\_\_

2. Do you (or this child) have immune-system problems due to a disease (e.g.: leukemia) or medication (e.g.: chemotherapy)?  Yes  No  Don't know

3. Have you noticed a recent change in your (or this child's) state of health?

Yes  No  Don't know

If yes, explain: \_\_\_\_\_

## SECTION B – Consent

For children of under 14 years old, parents or legal guardian are responsible of consenting or refusing vaccination. Please refer to the explanatory document or contact your health center for any additional information if needed,

**Do you agree or refuse to receive (or that this child receives) the hepatitis A vaccine (VAQTA) or the hepatitis A and B vaccine (TWINRIX) –depending on vaccination status?**

I agree  I refuse

X \_\_\_\_\_  
Signature of mother, father, or guardian IF LESS THAN 14 YEARS OLD

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to the child of less than 14 y.o. (mother / father / legal guardian): \_\_\_\_\_

### RESERVED TO CLSC :

Vaccine administered:  Vaqta (1ml)  Vaqta (0.5ml)  Twinrix Junior

Date of administration: \_\_\_\_/\_\_\_\_/\_\_\_\_ h Lot number : \_\_\_\_\_

Administration site :  Left deltoid  Right deltoid  other: \_\_\_\_\_

Name of the nurse: \_\_\_\_\_ Licence OIIQ: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_



