

No: My child has already had the vaccine (please sign and write dates when administered) and therefore does not need the vaccine.

Hepatitis B

Parent/guardian signature:	1st dose:	/	/
	2nd dose:	/	/
	3rd dose:	/	/

OR

No: After reading the information provided, I do not wish to have my child immunised with the hepatitis B vaccine at this time.

Parent/guardian signature:	Date:	/	/
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Pre-immunisation checklist

Before you have your child immunised, check this list.

If any of the situations apply to your child, tell your doctor or nurse before immunisation in case the vaccine needs to be deferred:

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has had severe reactions to any vaccine
- Anaphylactic allergy to yeast

People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.

If you require further advice or information, please contact your Local Council health department or doctor.

Privacy statement

The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and Australian governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider.

Immunisation provider stamp:

How to complete the consent card after reading the information attached:

Hepatitis B Immunisation consent card
Recommended vaccine for Year 7 secondary school students who have not had hepatitis B immunisation

Please read both sides of the consent form and attached fact sheet before completing and signing.

Surname: CITZEN	First name: MARK
Residential address: 20 BLOCK STREET	
MELBOURNE	Postcode: 3000
Date of birth: 1 / 1 / 1988	Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Telephone: (BH) 9123 4567	(AH) 9123 4567
School: BLOCK HIGH SCHOOL	Homegroup: 7A

Parent/guardian, please sign if you agree to your child receiving hepatitis B immunisation.

YES: I have read and understand the information given to me about vaccination, including risks and side effects. I understand that I am giving consent for two doses of hepatitis B vaccine to be administered over four to six months. I have been given the opportunity to discuss the risks and benefits of vaccination with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

If your child has completed a course of hepatitis B vaccine in the past, further doses are not required (see back of card)

I am authorised to give consent for the above child to be vaccinated.

Name of parent/guardian (please print): _____

Parent/guardian signature: _____ Date: / /

See the back of this card if the vaccine is not to be given.

Office use only:

Date of 1st dose: _____

Date of 2nd and final dose: _____

For all children



Please complete with the details of the child.

Then



Complete this section if you wish to have your child immunised.

OR

Complete this section if your child has previously been immunised for hepatitis B and does not require vaccination.



Complete this section if you do not wish to have your child immunised.



No: My child has already had the vaccine (please sign and write dates when administered) and therefore does not need the vaccine.

Hepatitis B

Parent/guardian signature:	1st dose:	/	/
	2nd dose:	/	/
	3rd dose:	/	/

OR

No: After reading the information provided, I do not wish to have my child immunised with the hepatitis B vaccine at this time.

Parent/guardian signature: _____ Date: / /

Pre-immunisation checklist

Before you have your child immunised, check this list.

If any of the situations apply to your child, tell your doctor or nurse before immunisation in case the vaccine needs to be deferred:

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has had severe reactions to any vaccine
- Anaphylactic allergy to yeast

People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.

If you require further advice or information, please contact your Local Council health department or doctor.

Privacy statement

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Immunisation provider stamp:

October 2009 PH781 (PCH)

Hepatitis B

Recommended vaccine for Year 7 secondary school students who have not had previous hepatitis B immunisation

Important information:

- Please read the information provided before completing the consent card.
- Local Council will be visiting your school soon for this immunisation program.
- This vaccination is not required if your child has already completed a three dose course of hepatitis B vaccination.
- Previous Hib vaccination is not a hepatitis B vaccine.
- If you have any questions or medical information that will assist council, please either contact your local council or note on the consent form.
- It is important that **all** cards are returned to school (even if your child is not being vaccinated) as this assists in monitoring the protection against hepatitis B in Victoria.



An Australian, State and Territory Governments Initiative

immunisation for life
www.health.vic.gov.au/immunisation

Hepatitis B

Immunisation information

Hepatitis B

Hepatitis B is a virus that causes serious infection. It is carried in the blood and affects the liver and can cause fever, nausea, tiredness, dark urine and yellow skin.

All children at risk of hepatitis B should be protected against this disease. In extreme cases hepatitis B can destroy the liver and cause death. Other people can be infected with the virus and ‘carry’ it for a long time (even for life) without knowing. These people are in danger of developing cancer of the liver and cirrhosis (scarring) of the liver later in life. Both of these diseases can kill. People who ‘carry’ hepatitis B virus may infect other healthy people with the virus.

In Australia, the rate of diagnosed hepatitis B infection has increased dramatically over the last 20 years with many thousands of people becoming chronic carriers. Rates of infection are highest in young adults.

Hepatitis B virus is usually spread through the blood of an infected person or from mother to child at birth. At an older age the virus can be spread through such activities

as unsafe sex, injecting drug use, tattooing or body piercing, using unsterilised equipment and contact sports, when there are cuts or grazes.

There is no cure for hepatitis B infection once you have caught it.

Hepatitis B vaccine

The vaccine is now offered to all children in Year 7 at school. A two dose hepatitis B vaccine has now been approved for adolescents aged 11–15 years and involves the administration of two doses given four to six months apart.

If your child has already completed a course of hepatitis B vaccine (consisting of three paediatric doses), no further doses are required. Please complete the relevant sections on the consent card and return the form to school.

The vaccines used in Australia contain a genetically engineered part of the virus and a small amount of an aluminium salt.

Possible side effects of hepatitis B vaccine

Most side effects are minor and quickly disappear. If the following reactions occur, it will be soon after the immunisation:

Common side effects

- Low grade temperature
- Pain, redness and swelling at the injection site
- Feeling unwell
- Joint pain
- Five to 30 minutes after any vaccination, fainting may occur

Rare side effects

- Severe allergic reaction

If mild reactions do occur, the side effects can be reduced by:

- Taking extra fluids to drink
- Not overdressing
- Applying a cold wet cloth on the sore injection site
- Taking paracetamol to reduce any discomfort

If reactions are severe or persistent, or if you are worried about your child, contact your doctor or hospital.

Further information

The following websites offer resources and further information

www.health.vic.gov.au/immunisation
(including information in other languages)

www.immunise.health.gov.au

Pre-immunisation checklist

Before your child is immunised, tell the doctor or nurse if any of the following apply:

- Are unwell on the day of immunisation (temperature over 38.5°C)
- Have had a severe reaction to any vaccine
- Anaphylactic allergy to yeast

People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.

Some children may need to have one, two or three injections on the same day.

More than one injection does not increase the chance of a child having a reaction to the vaccines.

Hepatitis B Immunisation consent card

Recommended vaccine for Year 7 secondary school students who have not had hepatitis B immunisation

Please read both sides of the consent form and attached fact sheet before completing and signing.

Surname:	First name:
Residential address:	
Postcode:	
Date of birth: / /	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH)	(AH)
School:	Homegroup:

Detach and return consent card to school

Parent/guardian, please sign if you agree to your child receiving hepatitis B immunisation.

YES: I have read and understand the information given to me about vaccination, including risks and side effects. I understand that I am giving consent for two doses of hepatitis B vaccine to be administered over four to six months. I have been given the opportunity to discuss the risks and benefits of vaccination with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

If your child has completed a course of hepatitis B vaccine in the past, further doses are not required (see back of card)

I am authorised to give consent for the above child to be vaccinated.

Name of parent/guardian (please print):

Parent/guardian signature:

Date: / /

See the back of this card if the vaccine is not to be given.

Office use only:

Date of 1st dose:

Date of 2nd and final dose: