

After Immunization Information and Record – Please Keep!

	Your child		has received the following immunization(s):	
	Diphtheria, tetanus, acellular pertussis and inactivate Possible side effects: Soreness, swelling and/or redne site that may take a few weeks to disappear but does higher); muscle or joint pain; tiredness or drowsiness;	ess at the injection not need any trea	n site; a small painless lump at the injection atment; fever (temperature of 38.5 C or	
	Meningococcal conjugate ACYW135(Men-C-ACYW13 Possible side effects: Soreness, swelling and/or redne tiredness or drowsiness; irritability or crying; decrease	ess at the injection	Date: n site; fever (temperature of 38.5 C or higher);	
	Hepatitis B (HB) Date: 1. Possible side effects: Soreness, swelling and/or redner a small painless lump at the injection site that may tak tiredness. * A 2-dose schedule is used for individuals 2 age groups.	ess at the injection ke a few weeks to	n site; fever (temperature of 38.5 C or higher); disappear but does not need any treatment;	
	Human Papillomavirus (HPV-9) Date: 1. 2. 3.* Possible side effects: Soreness, swelling and/or redness at the injection site; lump at injection site; fever (temperature of 38.5 C or higher); mild headache; nausea; diarrhea; tiredness; abdominal pain; dizziness; sore throat. * A 2-dose schedule is used for individuals 11 – 15 years of age and a 3-dose schedule is used for all other age groups.			
	<u>Tetanus, diphtheria, acellular pertussis (Tdap)</u> Possible side effects: Soreness, swelling and/or redne mild headache.	ess at the injection	Date: n site; fever (temperature of 38.5 C or higher);	
Wł	 Give plenty of fluids to drink Dress your child in loose, light clothing If fever occurs, give fever reducing medication Apply a cool, damp cloth to the injection site 			
ho	lore severe effects are extremely rare and if symptoms ours, the Healthline can be reached at 811. It is importa ealth care provider.			
	 Allergic reaction (hives; swelling of the face, lips o Pain, or numbness and tingling in the hands and fo Convulsions or seizures 		g; shock; difficulty breathing)	

• Extreme drowsiness or unresponsiveness

Community/Public Health Nurse______Telephone_____

To keep a record of <u>all</u> your child's immunizations please visit: <u>http://www.immunize.ca/en/app</u>