

## After Immunization Information

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

Today you were given the following immunization(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Influenza (Inf)  | <input type="checkbox"/> Pneumococcal 23 types (Pneu-P-23)               |
| <input type="checkbox"/> Haemophilus influenzae type b (Hib)                        | <input type="checkbox"/> Pneumococcal 13 types (Pneu-C-13)               |
| <input type="checkbox"/> Hepatitis A (HA)   | <input type="checkbox"/> Inactivated Polio (IPV)                         |
| <input type="checkbox"/> Hepatitis B (HB)   | <input type="checkbox"/> Rabies (Rab)                                    |
| <input type="checkbox"/> Hepatitis A & B (HAHB)                                     | <input type="checkbox"/> Tetanus, diphtheria - adult (Td)                |
| <input type="checkbox"/> Human papillomavirus (HPV 9)                               | <input type="checkbox"/> Tetanus, diphtheria, acellular pertussis (Tdap) |
| <input type="checkbox"/> Measles, mumps, rubella (MMR)*                             | <input type="checkbox"/> Varicella (Var)*                                |
| <input type="checkbox"/> Meningococcal Type A,C,Y,W <sub>135</sub> (Men-C-ACYW-135) | <input type="checkbox"/> Other _____                                     |

**\* Avoid pregnancy for one month following MMR and Varicella Vaccines**

**Possible Side Effects:**

- |   |  |
|---|--|
| <input type="checkbox"/> Soreness, swelling and redness at the injection site   | <input type="checkbox"/> Tiredness, irritability or drowsiness |
| <input type="checkbox"/> A lump at the injection site; this generally disappears after a few weeks and does not need treatment      | <input type="checkbox"/> Mild headache                         |
| <input type="checkbox"/> A mild rash at the injection site 5 to 26 days after vaccination, and sometimes on other parts of the body | <input type="checkbox"/> Nausea                                |
| <input type="checkbox"/> Fever (a temperature of 38.5°C or higher)  | <input type="checkbox"/> Diarrhea                              |
| <input type="checkbox"/> Rash   | <input type="checkbox"/> Vomiting                              |
| <input type="checkbox"/> Dizziness  | <input type="checkbox"/> Muscle or joint pain                  |
|   | <input type="checkbox"/> Decreased appetite                    |
|   | <input type="checkbox"/> Itching                               |
|   | <input type="checkbox"/> May feel generally unwell             |

**What to do if you have side effects:**

- Drink plenty of fluids
- Dress in loose, light clothing
- If fever occurs, give fever medication
- Apply a cool, damp cloth to the injection site to help resolve redness, pain and swelling

**More severe effects are extremely rare and if symptoms develop after you leave the clinic, call 9-1-1. After business hours, the Healthline can be reached at 811. It is important to always report serious or unexpected reactions to your health care provider.**

- Allergic reaction (hives; swelling of the face, lips or throat; wheezing; shock; difficulty breathing)
- Pain, numbness and/or tingling in the hands and feet
- Convulsions or seizures
- Extreme drowsiness or unresponsiveness

\_\_\_\_\_  
Community/Public Health Nurse

\_\_\_\_\_  
Telephone

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