

THUNDER BAY DISTRICT HEALTH UNIT USE ONLY

Meningococcal-C-ACYW-135 Vaccine (Nimenrix®)

Dose: 0.5mL

Date: _____

Nurse Initial: _____

Hepatitis B Vaccine

Dose # 1

Engerix®-B 1.0mL / 0.5mL

Recombivax HB® 1.0mL / 0.5mL

Date: _____

Nurse Initial: _____

Hepatitis B Vaccine

Dose # 2

Engerix®-B 1.0mL / 0.5mL

Recombivax HB® 1.0mL / 0.5mL

Date: _____

Nurse Initial: _____

Human Papillomavirus-9 Vaccine (Gardasil 9®)

Dose # 1: 0.5mL

Date: _____

Nurse Initial: _____

Human Papillomavirus-9 Vaccine (Gardasil 9®)

Dose # 2: 0.5mL

Date: _____

Nurse Initial: _____
