

Vaccine order form

FAX TO: 519-633-0468
www.swpublichealth.ca

> Refer to the Publicly Funded Immunization Schedules for Ontario for more details <

I have attached a copy of our fridge temperatures since our last order to verify that vaccine has been stored between +2°C and +8°C and min/max temperatures have been recorded twice daily.

Orders received by Monday at 3:30 p.m. will be available for pick up at 1230 Talbot St., St. Thomas on Thursday 8:30 a.m. to 4:30 p.m. and Friday 8:30 a.m. to 1 p.m. of the same week

Name of facility, physician, or practice:	
Temp log verified, attached, and order completed by:	
Date:	Contact number:

Hepatitis A (Avaxim/Havrix/Vaqta)		ELIGIBILITY ≥ 1 year and: (check all that apply) <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Anyone engaging in IV drug use <input type="checkbox"/> Men who have sex with men
NAME (First & Last):	DOB (YYYY/MM/DD):	
DOSE # (please circle dose required):	1 2	

Haemophilus influenzae type B (Act-HIB)		ELIGIBILITY ≥ 5 years and: (check all that apply) <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipient* (3 doses) <input type="checkbox"/> Functional or anatomic asplenia (1 dose) <input type="checkbox"/> Immunocompromised related to disease or therapy (1 dose) <input type="checkbox"/> Bone marrow or solid organ transplant recipient (1 dose) <input type="checkbox"/> Lung transplant recipient (1 dose) <input type="checkbox"/> Cochlear implant recipient (pre/post implant) (1 dose) <input type="checkbox"/> Primary antibody deficiency (1 dose)
NAME (First & Last):	DOB (YYYY/MM/DD):	
DOSE # (please circle dose required):	1 2 3	

Meningococcal B (Bexsero)		ELIGIBILITY Age 2m-17 years with: (check all that apply) <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D deficiency, or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient (pre/post implant) <input type="checkbox"/> Acquired complement deficiency <input type="checkbox"/> HIV
NAME (First & Last):	DOB (YYYY/MM/DD):	
DOSE # (please circle dose required):	1 2 3 4	



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Meningococcal C-ACYW135 (Menactra/Nimenrix)		ELIGIBILITY ≥ Age 9 months and: (check all that apply) <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D deficiency, or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient <input type="checkbox"/> HIV <input type="checkbox"/> Anyone born 1997 or after <input type="checkbox"/> All students grade 7-12
NAME (First & Last):	DOB (YYYY/MM/DD):	
DOSE # (please circle dose required): 1 2 3 4 BOOSTER		

Hepatitis B (Recombivax HB/Engerix-B)		ELIGIBILITY ≥ 0 years and: (check all that apply) <input type="checkbox"/> Infant born to Hep B-positive mother: • 4 doses for premature infant weighing <2000g at birth • 3 doses for full/post term infants or premature infants weighing ≥ 2000g <input type="checkbox"/> Household or sexual contact of chronic acute case (3 doses) <input type="checkbox"/> Anyone engaging in IV drug use (3 doses) <input type="checkbox"/> Men who have sex with men, individual with multiple sex partners, or history of STI (3 doses) <input type="checkbox"/> Needle <u>stick</u> injury in a non-health care setting (3 doses) <input type="checkbox"/> Child <7 years old who has immigrated from country of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended family (3 doses) <input type="checkbox"/> Chronic liver disease including hepatitis B and C (3 doses) <input type="checkbox"/> Renal dialysis or disease requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only) <input type="checkbox"/> Awaiting liver transplant (2nd and 3rd doses only) <input type="checkbox"/> All students grade 7-12
NAME (First & Last):	DOB (YYYY/MM/DD):	
DOSE # (please circle dose required): 1 2 3 4 <input type="checkbox"/> High dose (40mcg) needed—for people ≥ 20 years of age with dialysis, chronic renal failure, and some immunocompromised people		
Scheduling: 11-15 years: 1mL given at 0 and 4-6m (6m if Engerix is used, 4-6m if Recombivax is used) This is the schedule used for grade 7 school clinics and must be completed before turning 16 0-19 years: 0.5mL given at 0, 1, and 6m 20+ years: 1mL given at 0, 1, and 6m		

HPV-9 (Gardasil 9)		ELIGIBILITY 9-26 years and: (check all that apply) <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> All students grade 7-12
NAME (First & Last):	DOB (YYYY/MM/DD):	
DOSE # (please circle dose required): 1 2 3		
Scheduling: 9-20 years of age: 1 dose 21 years of age and older: 2 doses at 24 weeks apart All ages immunocompromised: 3 doses at 0, 2, and 6 months		

Please report all vaccine once given. Fax to 519-633-0468.

PATIENT'S NAME	DOB (YYYY/MM/DD)	VACCINE NAME	LOT#	DATE GIVEN (YYYY/MM/DD)