PUBLICLY FUNDED HIGH RISK & SCHOOL PROGRAM

Vaccine order form

SOUTHWESTERN Public Health
Oxford · Elgin · St.Thomas

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

> Refer to the Publicly Funded Immunization Schedules for Ontario for eligibility criteria <

☐ *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 3:30pm will be available for pick up 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

PICK UP LOCATION:

☐ **SWPH** - 1230 Talbot Street, St. Thomas ON

Name of facility, physician, or practice:

Temp log verified, attached, and order completed by:

Date:	Contact number:

Hepatitis A (Avaxim®/Havrix®)

NAME (First & Last):	DOB (YYYY/MM/DD):
DOSE #: (please circle dose required) **1** **2**	

HIGH RISK ELIGIBILITY – ≥ 1 year with:
(please check all that apply)

☐ Chronic liver disease (including Hepatitis B and C)
☐ Persons engaging in intravenous drug use
☐ Men who have sex with men

Haemophilus influenzae type b (Act-HIB®)

NAME (First & Last):	DOB (YYYY/MM/DD):
DOSE #: (please circle dose required) **1** **2** **3**	

** HSCT recipients are eligible for 3 doses. All other eligible conditions receive only 1 dose. See Publicly Funded Immunization Schedule for vaccine intervals.*

HIGH RISK ELIGIBILITY – ≥ 5 years with:
(please check all that apply)

☐ Hematopoietic stem cell transplant (HSCT) recipient* (3 doses)
☐ Functional or anatomic asplenia (1 dose)
☐ Immunocompromised related to disease or therapy (1 dose
☐ Bone marrow or solid organ transplant recipient (1 dose)
☐ Lung transplant recipient (1 dose)
☐ Cochlear implant recipient (pre/post implant) (1 dose)
☐ Primary antibody deficiency (1 dose)

Meningococcal B (Bexsero®)

NAME (First & Last):	DOB (YYYY/MM/DD):
DOSE #: (please circle dose required) **1** **2** **3** **4**	

HIGH RISK ELIGIBILITY – Age 2 months to 17 years with:
(please check all that apply)

˝ Functional or anatomic asplenia
˝ Complement, properdin, factor D deficiency, or primary antibody deficiency
˝ Cochlear implant recipient (pre/post implant)
˝ Acquired complement deficiency
˝ HIV

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Meningococcal C-ACYW135 (Menactra®/Nimenrix®)

*High risk individuals >56 years of age are eligible for one dose of Men-C-ACYW135. See the Publicly Funded Immunization Schedule for dose recommendations for younger individuals

NAME (First & Last):

DOB (YYYY/MM/DD):

DOSE #: (please circle dose required) **1 2 3 4 BOOSTER**

HIGH RISK ELIGIBILITY – ≥ Age 9 months with:
(please check all that apply)

- ☐ Functional or anatomic asplenia
- ☐ Complement, properdin, factor D deficiency, or primary antibody deficiency
- ☐ Cochlear implant recipient (pre/post implant)
- ☐ Acquired complement deficiency
- ☐ HIV
- ☐ Anyone born 1997 or after
- ☐ All students grade 7-12

Hepatitis B (Recombivax HB®/Engerix®-B)

NAME (First & Last):

DOB (YYYY/MM/DD):

DOSE #: (please circle dose required) **1 2 3 4**

For clients 11-15 years
a 2 dose 1 ml series can be completed at 0 and 6 m (4-6m for Recombivax).

For clients 16-19 years
a 3 dose 0.5ml schedule at 0, 1m, and 6m must be followed.

For anyone 20 years and older
a 3 dose 1ml series at 0, 1m, and 6m must be followed.

HIGH RISK ELIGIBILITY – ≥ 0 years with:
(please check all that apply)

- ☐ Infant born to HBV-positive carrier mothers:
  - premature infant weighing <2,000 grams at birth (4 doses)
  - premature infant weighing ≥2,000 grams at birth and full/post term infants (3 doses)
- ☐ Household or sexual contact of chronic carrier or acute case (3 doses)
- ☐ Individual engaging in intravenous drug use (3 doses)
- ☐ Men who have sex with men, individual with multiple sex partners, or history of a sexually transmitted disease (3 doses)
- ☐ Needle stick injury in a non-health care setting (3 doses)
- ☐ Child <7 years old whose family 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)
- ☐ Chronic liver disease including hepatitis B and C (3 doses)
- ☐ Renal dialysis or disease requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only)
- ☐ Awaiting liver transplant (2nd and 3rd doses only)
- ☐ All Students grade 7-8

HPV-9 (Gardasil-9)

NAME (First & Last):

DOB (YYYY/MM/DD):

DOSE #: (please circle dose required) **1 2 3**

***a 2 dose schedule can be followed at 0 and 6m if series was started before their*

HIGH RISK ELIGIBILITY – 9-26 years with:
(please check all that apply)

- ☐ Men who have sex with men

SCHOOL AGED CHILDREN

- ☐ Females until the end of Gr. 12
- ☐ Males born in or after 2004 until the end of Gr. 12

PLEASE RETURN this form to Fax: **519-633-0468** once vaccine is utilized.

PATIENT'S NAME	DOB (YY/MM/DD)	VACCINE NAME	LOT #	DOSE #	DATE ADMINISTERED (YY/MM/DD)