



# Vaccine order form

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

<b>Haemophilus influenzae type b (Act-HIB®)</b>		<b>HIGH RISK ELIGIBILITY - ≥ 5 years with:</b> (please 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)	<b>1      2      3</b>	

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

<b>Meningococcal B (Bexsero®)</b>		<b>HIGH RISK ELIGIBILITY - Age 2 months to 17 years with:</b> (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
NAME (First & Last):	DOB (YYYY/MM/DD):	
DOSE #: (please circle dose required)	<b>1      2      3      4</b>	

