

Publicly Funded High Risk & School Program VACCINE ORDER FORM



519.539.6206

Refer to the **Publicly Funded Immunization Schedules - December 2016** for high-risk 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 3:30 p.m. will be available for pick up at your choice of four locations by Thursday of the same week

Name of facility, physician, or practice:

Temp log verified, attached and order completed by:

Date: _____

Phone Number: _____

Pick Up Location:

- SWPH – 410 Buller St, Woodstock
- Alexandra Hospital, Ingersoll
- T.D.M. Hospital, Tillsonburg
- Norwich Medical Centre, Norwich

Hepatitis A (Avaxim®/Havrix®)

Name (First & Last): _____

DOB

(YYYY/MM/DD): _____

Dose # 1 2
(please circle dose required)

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 # 1 2 3
(please circle dose required)

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)

* HSCT recipients are eligible for 3 doses. All other eligible conditions receive only 1 dose. See Table 9 of the Publicly Funded Immunization Schedule - October 2016 for vaccine intervals.

Meningococcal B (Bexsero®)

Name (First & Last): _____

DOB (YYYY/MM/DD): _____

Dose # 1 2 3 4
(please circle dose required)

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

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

Name (First & Last): _____

DOB (YYYY/MM/DD): _____

Dose # 1 2 3 4
 (please circle dose required)

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)

School Aged Children: *(Report to Public Health once administered)*

- All Students grade 7-12

HPV-4 (Gardasil)

Name (First & Last): _____

DOB (YYYY/MM/DD): _____

Dose # 1 2 3 *(please circle dose required)*

HPV-4 (Gardasil)

High Risk Eligibility – ≥ 0 years with: *(please check all that apply)*

- Students eligible prior to 2017/18 school year who have not started or completed their HPV series will continue to receive HPV-4. This includes:
 - Females grade 8-12
 - Males born in 2004

School Aged Children: *(Report to Public Health once administered)*

HPV-9 (Gardasil-9)

Name (First & Last): _____

DOB (YYYY/MM/DD): _____

Dose # 1 2 3 *(please circle dose required)*

HPV-9 (Gardasil-9)

High Risk Eligibility – 9-26 years with:

- Men who have sex with men

School Aged Children: *(Report to Public Health once administered)*

- All Grade 7 students starting September 2017 (born in 2005 and younger)

Meningococcal C-ACYW135 (Menactra®) and P-ACYW135 (Menomune®)

Name (First & Last): _____

DOB (YYYY/MM/DD): _____

Dose # 1 2 3 4 booster
 (please circle dose required)

Meningococcal C-ACYW135 (Menactra®) and P-ACYW135 (Menomune®)

High Risk Eligibility – Age 9 months to 55 years (Menactra) and ≥ 56 years (Menomune) 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

School Aged Children: *(Report to Public Health once administered)*

- All students grade 7-12

PLEASE RETURN this form to Fax: **(519) 539-6206** once school program vaccine is utilized.

| Patient's Name | DOB YY/MM/DD | Vaccine Name | Lot # | Dose # (1, 2 or 3) | Date Administered (YY/MM/DD) |
|----------------|-----------------|--------------|-------|-----------------------|---------------------------------|
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