

Date: _____

Facility Name: _____ Phone #: _____ Ext: _____ Facility Fax #: _____

Facility Contact: _____ # of Fridges: _____ Type: Bar Domestic Purpose Built

- Place orders by **Wednesday 3 pm** for pick up the following **Wednesday**
- Orders must include the **previous 4 week** temperature log
- Coolers must be between 2 - 8 °C for vaccine to be released
- Vaccine order inquiries ext. 8808

****FOR STUDENTS IN GRADE 7 WHO MISSED IMMUNIZATIONS AT SCHOOL - PATIENTS MUST CALL HEALTH UNIT TO FOLLOW UP ****

Initials (First. Last): _____ DOB (YYYY/MM/DD): _____

Vaccine Name	Product / Description	Dose # in Series Requested	Eligibility Criteria – Please check all that apply
Bexsero®	Meningococcal B	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Eligibility: Age 2 months through 17 years with (please 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 (e.g., receiving eculizumab) <input type="checkbox"/> HIV
Menactra®	Meningococcal C-ACYW135	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Booster	Eligibility: Age 9 months through 55 years with (please 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 (e.g., receiving eculizumab) <input type="checkbox"/> HIV
Menomune®	Meningococcal P-ACYW135	Dose: <input type="checkbox"/> 1	Eligibility: ≥ 56 years with (please 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 recipients (pre/post implant) <input type="checkbox"/> Acquired complement deficiency (e.g., receiving eculizumab) <input type="checkbox"/> HIV

Location to be picked up (please check):

Barrie Collingwood Cookstown Midland VIM Order # (for office use only): _____

Confidentiality Notice:

The contents of the document(s) accompanying this facsimile transmission are confidential and intended only for use by the individual(s) named above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination or use of this transmission or its contents by persons other than the addressee is strictly prohibited.

Avaxim® / Havrix® / Vaqta® Avaxim® Pediatric Havrix® Pediatric Vaqta® Pediatric	Hepatitis A	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Eligibility: ≥ 1 year with (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
Recombivax HB® / Engerix-B® Recombivax HB® Pediatric Engerix-B® Pediatric	Hepatitis B <input type="checkbox"/> Latex allergy	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Eligibility: ≥ 0 years with (please check all that apply) <input type="checkbox"/> Infant born to HBV-positive mothers: <ul style="list-style-type: none"> ○ Premature infant weighing < 2,000 grams at birth (4 doses) ○ Premature infant weighing ≥ 2000 grams at birth and full/post terms infants (3 doses) <input type="checkbox"/> Household or sexual contact of chronic carrier or acute cases (3 doses) <input type="checkbox"/> Individual engaging in intravenous drug use (3 doses) <input type="checkbox"/> Men who have sex with men, individual with multiple sex partners or history of sexually transmitted disease (3 dose) <input type="checkbox"/> Needle stick injury in a non-health care setting (3 doses) <input type="checkbox"/> 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) <input type="checkbox"/> Chronic liver disease including hepatitis C (3 dose) <input type="checkbox"/> Awaiting liver transplant (2 nd and 3 rd dose only)
High Dose (Dialysis) Formulation Recombivax HB®	Hepatitis B	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Eligibility: Adults with (please check all that apply) <input type="checkbox"/> Chronic renal disease or on dialysis <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Individuals awaiting liver transplant <input type="checkbox"/> HIV
Gardasil®	HPV	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Eligibility: Age 9 through 26 years (please check to confirm eligibility) <input type="checkbox"/> Male client who identifies as gay, bisexual, transgender

Location to be picked up (please check):

Barrie Collingwood Cookstown Midland

VIM Order # (for office use only): _____

2019-01-14

Confidentiality Notice:

The contents of the document(s) accompanying this facsimile transmission are confidential and intended only for use by the individual(s) named above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Any review, dissemination or use of this transmission or its contents by persons other than the addressee is strictly prohibited.