

## **Grade 7 Vaccine Order Form**

Gravenhurst, Huntsville and Orillia area

## Fax: 705-684-9834 or Email: VaccineOrders@smdhu.org

Facility Name:	Date:					
Place order by Wednesday 3 pm for pick up the following Wednesday morning.  Orders must include the previous 4 weeks of temperature log.  **TUDENTS CURRENTLY IN GRADE 7 AND GRADE 8 WILL BE OFFERED SCHOOL VACCINES IN SCHOOL DURING THE 2022/2023 SCHOOL YEAR, THEREFORE VACCINES WILL NOT BE RELEASED FOR ANY STUDENT BORN IN 2009 OR 2010 EXCEPT FOR A SPECIAL CIRCUMSTANCE (SUCH AS HOME-SCHOOLED OR NEEDLE PHOBIA/ANXIETY)  **Refer to the Publicly Funded Immunization Schedules for Ontario (June 2022) for number of eligible doses and intervals between doses (product specific tables noted below).  **Student Name:**    DOB (yyyy-mm-dd):**   Vaccine Name   Product / Description   Dose # in Series Requested   Ordering Criteria	Facility Name:		Phone #:	Ext:	Facility Fax #:	
Wednesday morning.  Orders must include the previous 4 weeks of temperature  Orders must include the previous 4 way 5 must 5 with 5 with 5 weeks ordered in previous 4 with 5 with	Facility Contact:		# of Fridges:	Type: □ Bar	□ Domestic □ Purpose Built	
2022/2023 SCHOOL YEAR, THEREFORE VACCINES WILL NOT BE RELEASED FOR ANY STUDENT BORN IN 2009 OR 2010	<ul><li>Wednesday morn</li><li>Orders must include</li></ul>	ing.	1 0			
Refer to the Publicly Funded Immunization Schedules for Ontario (June 2022) for number of eligible doses and intervals between doses (product specific tables noted below).  Student Name:    DOB (yyyy-mm-dd):	•					
Student Name:	•					
Student Name:	Refer to the Publicly Fu	unded Immunization S	Schedules for Ontario (June 2022	2) for number of el	igible doses and intervals between doses	
Product / Description   Dose # in Series Requested   Ordering Criteria	·		·	,		
Description   Dose:   Previous dose(s) given:   2009 – completing series, only   2006   2007   2006   2006   2005*   2005*   2005*   2005*   2007   2006   2005*   2006   2005*   2006   2005*   2006   2006*   2006	Student Name:			DOB (yyyy-mm-dd):		
Recombivax HB® / Engerix-B®	Vaccine Name		Dose # in Series Requested		Ordering Criteria	
Gardasil®9  HPV    Gardasil®9   HPV   Gardasil®9   HPV   Gardasil®9   Gardasil®9   HPV   Gardasil®9   HPV   Gardasil®9   HPV   Gardasil®9   HPV   Gardasil®9   Gardasil®9   HPV   Gardasil®9   Gardasil®9   HPV   Gardasil®9   Gardasil®9   HPV   Gardasil®9   Gardasil®9   Gardasil®9   HPV   Gardasil®9   Gardasil®9   Gardasil®9   HPV   Gardasil®9   Gardasil®9   Gardasil®9   HPV   Gardasil®9   Gardasil®9   Gardasil®9   Gardasil®9   Gardasil®9   HPV   Gardasil®9		□ Latex	☐ 1	<u>- mm - dd</u> <u>- mm – dd</u>	□ 2008 □ 2007 □ 2006	
Gardasil®9  HPV    Dose:   Previous dose(s) given:   2009 – completing series, only   2008   2007   2006   2005*   2005*   2004*   2004*   2004*   2004*   2004*   2004*   2005*   2005*   2005*   2006*   2005*   2005*   2006*   2005*   2004*   2006*   2005*   2004*   2006*   2005*   2004*   2006*   2005*   2004*   2005*   2004*   2005*   2004*   2005*   2004*   2005*   200					* must complete series by August 31, 2023	
Location to be picked up (please check):  Gravenhurst Huntsville Orillia	Gardasil®9	HPV	Dose: Previous 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- mm - dd - mm - dd starting series irthday	□ 2008 □ 2007 □ 2006 □ 2005* □ 2004*	
☐ Gravenhurst ☐ Huntsville ☐ Orillia					* must complete series by August 31, 2023	
☐ Gravenhurst ☐ Huntsville ☐ Orillia	Location to be picked	up (please check):				
VIM Order # (for office use only):	<u> </u>	<u>- ``</u>	☐ Orillia			
VIM Order # (for office use only):						
	VIM Order # (for office us	se only):				

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