

High Risk Vaccine Order Form

for Hepatitis, Meningococcal and
Human Papillomavirus Vaccines

High Risk vaccines Ordering Process:

1. Refer to the **High-Risk Vaccine Programs** table on the current Publicly Funded Immunization Schedules for Ontario:
 - a. Record the patient(s)' name(s), gender(s), date(s) of birth.
 - b. Record the vaccine you are requesting.
 - c. Record the corresponding eligibility criteria.

All **vaccine orders must be faxed to 905-546-3472** along with 4 weeks of logged (twice daily) current, minimum and maximum temperatures with your facility's name clearly identified on the log sheets. Vaccine will not be released if log sheets are not received.

Orders are processed within 2–3 business days from receipt, followed by delivery by your courier.

Practice Name: _____

Client ID: _____
(must be filled out for order to be processed)

Address: _____

City: _____ Postal Code: _____

Phone number: _____

Fax Number: _____

Patient Information

Last Name	First Name	Gender M/F	Birth Date YYYY-MM-DD	Vaccine Requested	Eligibility Criteria (Listed on Publicly Funded Immunization Schedule)

Fax this form to 905-546-3472

DO NOT COMPLETE THIS SECTION • FOR PUBLIC HEALTH USE ONLY

Quantity	Lot #	Description	Unit Released
		HA Vaccine	Single dose
		HB Vaccine	Single dose
		Men-C-ACYW Vaccine	Single dose
		4CMenB Vaccine	Single dose
		HPV9 Vaccine	Single dose