



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.
2. **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.**
3. Orders are processed within 2–3 business days from receipt, followed by delivery by your courier.
4. ***Client ID must be filled out for order to be processed.**

Practice Name: _____
Client ID*: _____
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)



Vaccine Program Inventory
 110 King Street West, 2nd Floor, Hamilton, ON L8P 4S6
 Phone: 905-546-2424 ext 2161 • Fax: 905-546-3472
PublicHealth.Medorders@hamilton

Patient Information Continued

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

Fax this completed form to: 905-546-3472

The most [current Publicly Funded Immunization Schedule for Ontario \(PDF\)](#) can be found online on the Ministry of Health’s website

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