

Vaccine / STI Medication Order Form

Vaccine Orders must include 4 weeks of FRIDGE TEMP LOGS	Coolers must be between 2 – 8°C for vaccine to be released.
DATE	Date of Pick-up: 3 business days from date and time of receipt.
HEALTH CARE PROVIDER / FACILITY NAME:	Belleville/Prince Edward Co./Central & North Hastings: FAX ORDER TO: 613 – 966 – 1813
Contact Person:	Trenton:
Phone #: _____ Private #: _____	FAX ORDER TO: 613 – 965 – 6535

Important Notice: The Ministry of Health and Long Term Care Vaccine Storage and Handling Guidelines requires that sites maintain **no more than a 1 month** supply of vaccine in your fridge at any time.

Publicly-Funded VACCINES	# DOSES Requested	# DOSES In Stock	Comments
DTaP-IPV-Hib (Pediace)l			High-Risk and School-Based vaccines must be ordered on: BIO-2 “School-Based Vaccine Order Form” and BIO-5 “High Risk Vaccine Order Form”
Haemophilus Influenzae Type B (Hib)			
Inactivated Polio Vaccine (IPV)			
Meningococcal Conjugate C (Menjugate/Neis-Vac)			
MMR (MMRII/Priorix & diluent)			
MMRV (Priorix-Tetra/ProQuad & diluent)			
Pneumococcal Conjugate (Pneumo-13)			
Pneumococcal Polysaccharide (Pneumo-23)			
Rotavirus (Rotarix / RotaTeq)			
Td			
Tdap (Adacel/Boostrix)			
Tdap-IPV (Adacel-Polio/Boostrix-IPV)			
Tuberculin PPD 5TU (Tubersol)			
Varicella (Varivax III/Varilix & diluent)			
Shingles (Zostavax II & diluent) (age 65 – 70 ONLY)			

SUPPLIES (Indicate Quantities)	
_____ Ice Blankets (flexible, 12” x 4” cells)	STI Treatment Kits/Condoms: (limited quantities due to expiry dates) Chlamydia (1g Azithromycin) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Gonorrhea (1 dose Ceftriaxone/diluent/Azithromycin) 1 <input type="checkbox"/> Condoms (pkgs of 50): 1 <input type="checkbox"/> 2 <input type="checkbox"/> <i>If supplies are required immediately, please call Sexual Health Program at 613-966-5500 x 243. Additional medications available upon request, including syphilis treatment.</i>
_____ Ice Packs	
_____ Immunization Cards & Sleeves	
_____ Temperature Log Book	
_____ Thermometer	

Public Health Use Only			
Temp Log Reviewed by:	Date:	Order Filled by:	Date: