

High Risk Vaccine 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

Patient Information Required (Please Print All Fields)	
First Name:	Last Name:
Date of Birth:	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unknown/other
Dose Required: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Health Card #:

Publicly Funded <u>High Risk</u> Vaccines (refer to <i>Publicly Funded Immunization Schedule for Ontario</i> for eligibility criteria)	Vaccine Requested	Comments
Hepatitis A	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	
Hepatitis B (Dialysis dose)	<input type="checkbox"/>	
Human Papilloma Virus (Gardasil 9)	<input type="checkbox"/>	
Meningococcal C-ACYW135 (Menactra)	<input type="checkbox"/>	
Pneumococcal Conjugate (Prevnar 13)	<input type="checkbox"/>	

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

Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O., 1990, C.H.7 as amended, and the Immunization of School Pupils Act 1990 as amended, and will be used for assessment, management, treatment and reporting purposes. Questions about this collection of personal information should be addressed to the Privacy Officer at 179 North Park St., Belleville ON K8P 4P1 613-966-5500.