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HEALTH UNIT USE ONLY

ADDITIONAL PUBLICLY-FUNDED VACCINE ORDER FORM

ATTENTION: Panorama Inventory Clerk

FROM:

DATE:

RE: Vaccine Order – please allow <u>3</u> business days to fill this order

HIGH RISK VACCINE NAME	THIS SECTION MUST BE COMPLETED BY THE HEALTH CARE PROVIDERS OFFICE
Haemophilus influenzae type b (Act-HIB®)	 Yes, this client meets the high-risk eligibility criteria in the Ontario Publicly funded immunization schedule
Meningococcal B (Bexsero®) Client's age	 Yes, this client meets the high-risk eligibility criteria in the Ontario Publicly funded immunization schedule
High Risk Meningococcal C-ACYW135 (Menactra®) Client's age	 Acquired complement deficiencies Asplenia (functional or anatomic) Cochlear implant recipient (pre/post implant) Complement, properdin factor D or primary antibody deficiencies HIV
Hepatitis A (Avaxim®/Havrix®) □ Adult Client's age □ Paediatric Client's age	 Yes, this client meets the high-risk eligibility criteria in the Ontario Publicly funded immunization schedule.
Hepatitis B (Recombivax HB®/Engerix®-B) □ Paediatric Client's age □ Adult/Adolescent Client's age □ Renal dialysis Client's age	 Yes, this client meets the high-risk eligibility criteria in the Ontario Publicly funded immunization schedule.
HPV 9 (Gardasil®9) Client's age	 Yes, this client is an MSM individual and is 26 years of age or younger and has not received the full series of HPV 4 in the past.