



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.ca

School Vaccines Order Form for Hepatitis, Meningococcal and Human Papillomavirus Vaccines

Practice Name: _____
 Client ID: _____
(must be filled out for order to be processed)
 Address: _____
 City: _____ Postal Code: _____
 Phone number: _____
 Fax Number: _____

School Vaccines Ordering Process:

- Refer to the **School Vaccines Eligibility Criteria** below. In the table:
 - Record the patient(s)' name(s), gender(s), date(s) of birth
 - Record the corresponding eligibility criteria number(s)
- 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.

PATIENT INFORMATION

Last Name	First Name	Gender M/F	Birth Date YYYY-MM-DD

Previous Vaccine History

Indicate Vaccine	Dose 1 YYY-MM-DD	Dose 2 YYY-MM-DD
<input type="checkbox"/> Hep B		
<input type="checkbox"/> HPV		

School Vaccines Eligibility Criteria (✓ appropriate box for vaccine and eligibility criteria)

<input type="checkbox"/> HB Vaccine for Grade 7 Students-2 dose series, 4-6 months apart (only remain eligible until August 31 st of the Grade 8 year) <input type="checkbox"/> Men-C-ACYW Vaccine for Grade 7 Students (unimmunized individuals born in 1997 or later remain eligible) <input type="checkbox"/> HPV9 Vaccine for Grade 7 Students * (anyone in Grade 7 in September 2017 or later remain eligible until August 31 st of the Grade 12 year) * 2 doses for clients who receive their 1 st dose at ≥ 14 years of age. 3 doses for clients who receive their first dose at ≥15 years of age and/or are immunocompromised or immunocompetent HIV-infected.	<input type="checkbox"/> History of previous vaccine reaction, allergic reaction and/or anaphylaxis (Please ensure Public Health has been notified.) <input type="checkbox"/> Medical contraindication for vaccination at school clinic (i.e. allergy to any vaccine component, unstable neurological condition, client being investigated by specialist) <input type="checkbox"/> Eligible, unimmunized and past August 31 st of the Grade 8 year (Public Health administers School Vaccines until August 31 st of the Grade 8 year)
--	--

Fax this form to 905-546-3472

DO NOT COMPLETE THIS SECTION • FOR PUBLIC HEALTH USE ONLY

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

**The most current Publicly Funded Immunization Schedule for Ontario can be found at:

https://health.gov.on.ca/en/pro/programs/immunization/docs/Publicly_Funded_ImmunizationSchedule.pdf