

Date: \_\_\_\_\_

Facility Contact:	Phone #:	Ext.:	Facility Fax #:
Facility Name:	# of Fridges: _____ Type: <input type="checkbox"/> Bar <input type="checkbox"/> Domestic <input type="checkbox"/> Purpose Built		
• Place orders by <b>Wednesday 3 pm</b> for pick up the following <b>Wednesday</b>		• Coolers must be between 2 - 8 °C for vaccine to be released	
• Orders must include the <b>previous 4 week</b> temperature log for all fridges		• Vaccine order inquiries ext. 8808	

➤ REFER to the [PUBLICLY FUNDED IMMUNIZATION SCHEDULES FOR ONTARIO \(June 2022\)](#) for # of eligible doses and intervals between doses (product specific tables noted below).

➤ REFER to the [Guidance for Routine & Catch-Up Immunization Services \(Version 5 – Jan 2024\)](#) for temporary program extensions for 2024.

Initials (First. Last): \_\_\_\_\_ DOB (YYYY/MM/DD): \_\_\_\_\_

Vaccine Name	Product / Description	Dose # in Series Requested	Eligibility Criteria ( <i>check all that apply</i> )
Bexsero®	Meningococcal B  (4CMenB)	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  (See Table 14)	<u>Age 2 months through 17 years*:</u>  <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D deficiency, or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient (pre/post implant) <input type="checkbox"/> Acquired complement deficiency (e.g., receiving eculizumab) <input type="checkbox"/> HIV  <i>*Temporary extension for individuals born in 2002, 2003, 2004, 2005 and 2006 – remain eligible for missed doses until Dec 31, 2024</i>
		Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Booster  (See Table 15)	<u>Age 9 months through 55 years:</u>  <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D deficiency or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient (pre/post implant) <input type="checkbox"/> Acquired complement deficiency (e.g., receiving eculizumab) <input type="checkbox"/> HIV
Nimenrix® Menactra®	Meningococcal C-ACYW135	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2**  **only if born in 1964, 1965, 1966  (See Table 15)	<u>Age ≥ 56 years*:</u>  <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D deficiency or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Acquired complement deficiency (e.g., receiving eculizumab) <input type="checkbox"/> HIV  <i>*Temporary extension for individuals born in 1964, 1965, 1966, 1967 and 1968 – remain eligible for missed doses until Dec 31, 2024.</i>

Location to be picked up (please check):

Barrie     Collingwood     Cookstown     Midland    VIM Order # (for office use only): \_\_\_\_\_

**Confidentiality Notice:**

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Vaccine Name	Product / Description	Dose # in Series Requested	Eligibility Criteria <i>(check all that apply)</i>
Avaxim® / Havrix® / Vaqta®  Avaxim® Pediatric Havrix® Pediatric Vaqta® Pediatric	Hepatitis A	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2  (See Table 5)	<b>Age ≥ 1 year:</b>  <input type="checkbox"/> Chronic liver disease (including hepatitis B and C) <input type="checkbox"/> Persons engaging in intravenous drug use <input type="checkbox"/> Men who have sex with men
Recombivax HB® / Engerix-B®  Recombivax HB® Pediatric  Engerix-B® Pediatric	Hepatitis B  <input type="checkbox"/> Latex allergy	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  (See Table 7)	<b>Age ≥ 0 years:</b>  <input type="checkbox"/> Infant born to HBV-positive mothers: ○ Premature infant weighing < 2,000 grams at birth (4 doses) ○ Premature infant weighing ≥ 2000 grams at birth and full/post terms infants (3 doses) <input type="checkbox"/> Household or sexual contact of chronic carrier or acute cases (3 doses) <input type="checkbox"/> Individual engaging in intravenous drug use (3 doses) <input type="checkbox"/> Men who have sex with men, individual with multiple sex partners or history of sexually transmitted disease (3 doses) <input type="checkbox"/> Needle stick injury in a non-health care setting (3 doses) <input type="checkbox"/> Child < 7 years old whose family has immigrated from country of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended family (3 doses) <input type="checkbox"/> Chronic liver disease including hepatitis C (3 doses) <input type="checkbox"/> Awaiting liver transplant ( 2 <sup>nd</sup> and 3 <sup>rd</sup> dose only)
High Dose (Dialysis) Formulation Recombivax HB®	Hepatitis B	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  (See Table 7)	<b>Age ≥ 20 years:</b>  <input type="checkbox"/> Chronic renal disease or on dialysis <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Individuals awaiting liver transplant <input type="checkbox"/> HIV
Gardasil®	HPV-9	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  (Table 10 and Table 11)	<b>Males 9 to 26 years*:</b>  <input type="checkbox"/> Men who have sex with men  <i>*Temporary extension for males born in 1993, 1994, 1995, 1996, and 1997 – remain eligible for missed doses until Dec 31, 2024.</i>

Location to be picked up (please check):

Barrie       Collingwood       Cookstown       Midland      VIM Order # (for office use only): \_\_\_\_\_

2024-01-25

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