

Date: _____

Facility Name: _____ Phone #: _____ Ext: _____ Facility Fax #: _____

Facility Contact: _____ # of Fridges: _____ Type: Bar Domestic Purpose Built

- Place order by **Wednesday 3 pm** for pick up the following **Wednesday morning**.
- Orders must include the **previous 4 weeks of temperature log**.
- Coolers must be between 2 - 8 °C for vaccine to be released.
- Vaccine order inquiries: 705-721-7520 ext. 8808.

STUDENTS CURRENTLY IN GRADE 7 AND GRADE 8 WILL BE OFFERED SCHOOL VACCINES IN SCHOOL DURING THE 2023/2024 SCHOOL YEAR, THEREFORE VACCINES WILL NOT BE RELEASED FOR ANY STUDENT BORN IN 2010 OR 2011 EXCEPT FOR A SPECIAL CIRCUMSTANCE (SUCH AS HOME-SCHOOLED OR NEEDLE PHOBIA/ANXIETY)

Refer to the Publicly Funded Immunization Schedules for Ontario (June 2022) for number of eligible doses and intervals between doses (product specific tables noted below).

Student Name: _____ **DOB (yyyy-mm-dd):** _____

Vaccine Name	Product / Description	Dose # in Series Requested	Ordering Criteria
Recombivax HB® / Engerix-B®	Hepatitis B <input type="checkbox"/> Latex allergy	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <i>See Table 6 for 2 dose HB schedule (11-15 years): 1.0 mL x 2 doses</i> <i>See Table 7 for 3 dose HB schedule (16-19 years): 0.5 mL x 3 doses</i>	Previous dose(s) given: _____ _____ <input type="checkbox"/> 2009 <input type="checkbox"/> 2008 <input type="checkbox"/> 2007 <input type="checkbox"/> 2006* <i>* must complete series by August 31, 2024</i>
Gardasil®9	HPV	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <i>See Table 10 for 2 dose schedule: starting series between 11-14 years – before 15th birthday</i> <i>See Table 11 for 3 dose schedule. starting series at 15 years or older; or immunocompromised</i>	Previous dose(s) given: _____ _____ <input type="checkbox"/> 2009 <input type="checkbox"/> 2008 <input type="checkbox"/> 2007 <input type="checkbox"/> 2006* <i>* must complete series by August 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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