

| Fax completed form to Vaccine Coordinator at 519-271-2785 | | | | |
|--|------------------|-------------------------------------|------------------------------|--|
| Name of Facility: | Name of Physic | an: | Office Use Only: HP Code: | |
| Date: | I | Ordered by: | | |
| Phone Number: | Temperature Lo | l gs dating back to last order i | ncluded? Yes 🗌 | |
| Last Name, First Name: | | - | | |
| DOB (Y/M/D) Gen | nder: | - | | |
| Vaccine(s) Requested: | | | | |
| 🔲 Human Papilloma Virus HPV-9 | Dose # | Hepatitis B Dose# | Meningococcal C-ACYW135 | |
| Office Use Only: P Record Assessed: HPVdose(s) | anorama ID: | Age | e at time of request: | |
| Warning Created in Panorama: Yes Next | | | | |
| Last Name, First Name: | | | | |
| DOB (Y/M/D) Ger | nder: | _ | | |
| Vaccine(s) Requested: | | | | |
| | Dose # | Hepatitis B Dose# | Meningococcal C-ACYW135 | |
| Office Use Only: Panorama ID: Age at time of request: | | | | |
| Record Assessed: HPVdose(s) HepBdose(s) MenC-ACYW135 Warning Created in Panorama: Yes Next dose can be administered on or after: | | | | |
| | | | | |
| Last Name, First Name: | | - | | |
| DOB (Y/M/D) Gen | nder: | _ | | |
| Vaccine(s) Requested: | | | | |
| 🗌 Human Papilloma Virus HPV-9 | Dose # | Hepatitis B Dose# | Meningococcal C-ACYW135 | |
| Office Use Only: Panorama ID: Age at time of request: | | | | |
| Office Use Only: Panorama ID: Age at time of request: Record Assessed: HPV dose(s) HepB dose(s) | | | | |
| Warning Created in Panorama: Yes Next dose can be administered on or after: | | | | |
| HEALTH UNIT USE ONLY: | | | | |
| Date/Time Order Received: | | Date/Time Order Can Be F | Picked Up: | |
| Order Reviewed By: | Order Filled By: | · | Panorama Req. # | |
| | | | | |

Huron Perth Public Health 1-888-221-2133 hpph@hpph.ca www.hpph.ca

Huron Office

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Stratford, Ontario



Huron Perth Public Health School-Based Vaccine Order Form

April 2023

Eligibility and Dosing Information for School-Based Vaccines

For more information, refer to the Ontario Publicly Funded Immunization Schedules

| Hepatitis B | Students in grade 7 and 8: |
|---|--|
| | 2 doses for complete series If no latex allergy, Recombivax (minimum interval 4 months between doses) If latex allergy, Engerix B (minimum interval 6 months between doses) |
| Menactra or Nimenrix (MenC-ACYW135) | Students in grade 7 to 12: One dose of MenC-ACYW135 is <u>required</u> for all students in grade 7 to 12 This vaccine is now mandatory under ISPA requirements Men-C is not the same as MenC-ACYW135 If Men-C was previously given, a minimum interval of 28 days is required before MenC-ACYW135 can be given |
| HPV (Gardasil) | Grade 7 to 12 females Grade 7 to 12 males born in or after 2004: 2 dose series (0, 6 months) for ages 9 to 14 3 dose series (0, 2, 6 months) for those starting on or after their 15th birthday or with immune-compromising conditions Complete series by end of grade 12 |

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