

Fax completed form to Vaccine Coordinator at 519-271-2785

Name of Facility:	Name of Physician:	Office Use Only: HP Code:
Date:	Ordered by:	
Phone Number:	Temperature Logs dating back to last order included? Yes <input type="checkbox"/>	

Last Name, First Name: _____

DOB (Y/M/D) _____ Gender: _____

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: _____
Record Assessed: <input type="checkbox"/> HPV _____ dose(s)	<input type="checkbox"/> HepB _____ dose(s)	<input type="checkbox"/> MenC-ACYW135
Warning Created in Panorama: <input type="checkbox"/> Yes Next dose can be administered on or after: _____		

Last Name, First Name: _____

DOB (Y/M/D) _____ Gender: _____

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: _____
Record Assessed: <input type="checkbox"/> HPV _____ dose(s)	<input type="checkbox"/> HepB _____ dose(s)	<input type="checkbox"/> MenC-ACYW135
Warning Created in Panorama: <input type="checkbox"/> Yes Next dose can be administered on or after: _____		

Last Name, First Name: _____

DOB (Y/M/D) _____ Gender: _____

Vaccine(s) Requested:

Human Papilloma Virus HPV-9 Dose # _____ Hepatitis B Dose# _____ Meningococcal C-ACYW135

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Record Assessed: <input type="checkbox"/> HPV _____ dose(s)	<input type="checkbox"/> HepB _____ dose(s)	<input type="checkbox"/> MenC-ACYW135
Warning Created in Panorama: <input type="checkbox"/> Yes Next dose can be administered on or after: _____		

HEALTH UNIT USE ONLY:

Date/Time Order Received:	Date/Time Order Can Be Picked Up:
Order Reviewed By:	Order Filled By: Panorama Req. #

Eligibility and Dosing Information for School-Based Vaccines

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

<p>Hepatitis B</p>	<p>Students in grade 7 and 8:</p> <ul style="list-style-type: none"> • 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)
<p>Menactra or Nimenrix (MenC-ACYW135)</p>	<p>Students in grade 7 to 12:</p> <ul style="list-style-type: none"> • One dose of MenC-ACYW135 is <i>required</i> 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
<p>HPV (Gardasil)</p>	<p>Grade 7 to 12 females Grade 7 to 12 males born in or after 2004:</p> <ul style="list-style-type: none"> • 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