



Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

Human Papillomavirus (HPV)

School Based Immunization Program Vaccine Order Form/Release Record

Please complete this form and submit to RCDHU each month.

Physician(s) Office/CHC/FHT Name - (CHC/FHT- Please order vaccine as CHC or FHT not individual HCP):	
Telephone/Fax Number:	Address:

Assign reason number for Health Care Provider Administration for each client in Reason column (if other please explain)

- | | |
|---|---|
| 1. Unable to attend School based clinic | 4. Medical contraindication for School Based Clinic |
| 2. History of previous vaccine reaction | 5. Latex allergy |
| 3. History of allergic reaction | 6. Other: _____ |

Please complete A – C & G *when ordering* vaccine.

Then complete D – F *once administered* and fax to 613-735-3067 VPD Team

A.	B.	C.	D.	E.	F.	G.
Client Name	DOB	OCH	<i>Specify</i> dose 1, 2 or 3 given	Lot Number	Date Given	Reason

Please complete this form as doses are given. Fax the completed form to RCDHU at 613-735-3067 Attn: Clinical Services Department-VPD Team

FOR RCDHU USE ONLY:

Health Unit Releasing Vaccine	Vaccine	Lot Number	Expiry Date	# of Doses	Date Released
<i>RCDHU</i>	Gardasil 657133901				
<i>RCDHU</i>					

Entered into Panaorama _____ Entered into Ministry Statistics _____