Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Hepatitis B 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
2. History of previous vaccine reaction
3. History of allergic reaction
4. Medical contraindication for School Based Clinic
5. Latex allergy
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**	***Specify*** **dose 1 or 2 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
RCDHU	**Engerix –B** 657132430				
RCDHU	**Recombivax** 657132430				

Entered into Panaorama □ _____ Entered into Ministry Statistics □_____