



Complete and submit both pages

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Recipient of publicly funded vaccine must meet the school-based vaccine eligibility criteria(s).
3. For 2 and/or 3 dose series, RCDHU must receive a record for any previous doses administered before subsequent doses will be released.
4. Please email School-Based Vaccine Order Form to vaccineorders@rcdhu.com
5. Alternatively, orders can be faxed to 613-735-3067

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Healthcare provider/Practice name

*Order date (mm/dd/yyyy)

*Number of immunizer(s)

*Type of practice: General practice FHT/Group Other:

*Number of fridge(s) *Type(s) of fridge: Bar Domestic Purpose-built

*Contact person

*Phone number

*Fax

*Email

Unit number

*Street number

*Street address

*City/Town

*Postal code

****Eligibility criteria has been extended for select age groups that may have missed an opportunity to receive school-based vaccines due to the COVID-19 pandemic.***

VACCINE	BIRTH YEAR	GRADE IN 2021-2022 SCHOOL YEAR
Hepatitis B (Engerix®)	<ul style="list-style-type: none"> • 2006*, 2007*, 2008, 2009 	<ul style="list-style-type: none"> • Grade 7, 8, 9, 10
HPV-9 (Gardasil®)	<ul style="list-style-type: none"> • Females: 2002*, 2003* • Females: 2004-2009 • Males: 2004-2009 	<ul style="list-style-type: none"> • Grades 7-12 • Females: Grade 12 in 2019-2020 • Females: Grade 12 in 2020-2021
Meningococcal ACYW-135 (Nimenrix®)	<ul style="list-style-type: none"> • 2002-2009 	<ul style="list-style-type: none"> • Grade 7-12 • Grade 12 in 2019-2020 • Grade 12 in 2020-2021

*Remain eligible for missed doses until August 31, 2022. Series must be complete by this date.



School Based Vaccine Order Form

SECTION 3 – STUDENT INFORMATION

*Student Name:

*DOB:

*H.I.N.:

SECTION 4 – ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

*Print Name

*Signature

*Date (mm/dd/yyyy)

Vaccine Product (Subject to availability)	Check Dose # Requested & Fill out date(s) for any doses previously given (mm/dd/yyyy)			Eligibility Criteria
	Dose	Date Given	Lot #	
<input type="radio"/> Hepatitis B (Engerix®)	<input type="checkbox"/> 1			Eligibility Grade(s): 7 to 8 Remains eligible for missed doses * Please see table above
	<input type="checkbox"/> 2			
<input type="radio"/> Meningococcal C – ACYW-135 (Nimenrix®, Menactra®)	<input type="checkbox"/> 1			Eligible Grade(s): 7 to 12 and born in or after 1997 Eligible until vaccine is received * Please see table above
<input type="radio"/> Human Papillomavirus (HPV) (Gardasil 9®)	<input type="checkbox"/> 1			Eligible Grade(s): 7 to 12 Remains eligible for missed doses * Please see table above *Eligibility for dose 3 only applicable to those who began series ≥15 years of age
	<input type="checkbox"/> 2			
	<input type="checkbox"/> *3			

Please update RCDHU once school -based vaccines have been administered. This can be done by faxing immunization records to 613-735-3067 or by email to

vaccineorders@rcdhu.com