



**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](mailto: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"> <li>• 2006*, 2007*, 2008, 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Grade 7, 8, 9, 10</li> </ul>
HPV-9 (Gardasil®)	<ul style="list-style-type: none"> <li>• Females: 2002*, 2003*</li> <li>• Females: 2004-2009</li> <li>• Males: 2004-2009</li> </ul>	<ul style="list-style-type: none"> <li>• Grades 7-12</li> <li>• Females: Grade 12 in 2019-2020</li> <li>• Females: Grade 12 in 2020-2021</li> </ul>
Meningococcal ACYW-135 (Nimenrix®)	<ul style="list-style-type: none"> <li>• 2002-2009</li> </ul>	<ul style="list-style-type: none"> <li>• Grade 7-12</li> <li>• Grade 12 in 2019-2020</li> <li>• Grade 12 in 2020-2021</li> </ul>

\*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): <b>7 to 8</b>  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): <b>7 to 12 and born in or after 1997</b>  Eligible until vaccine is received * Please see table above
<input type="radio"/> Human Papillomavirus (HPV) (Gardasil 9®)	<input type="checkbox"/> 1			Eligible Grade(s): <b>7 to 12</b>  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](mailto:vaccineorders@rcdhu.com)