



## School-Based Vaccine Order Form FOR HEALTH CARE PROVIDERS

### PART 1 ORGANIZATION INFO (PLEASE COMPLETE ALL FIELDS)

|                    |             |
|--------------------|-------------|
| ORGANIZATION NAME: |             |
| CONTACT:           | EMAIL:      |
| PHONE NUMBER:      | FAX NUMBER: |

### PART 2 STUDENT INFO (PLEASE COMPLETE ALL FIELDS)

|                |             |         |
|----------------|-------------|---------|
| LAST NAME:     | FIRST NAME: | GRADE:  |
| DATE OF BIRTH: | OHIP:       | SCHOOL: |

### PART 3 VACCINE ORDER (SELECT PROPER AGENT(S) AND DOSE # FOLLOWING VACCINE ELIGIBILITY CRITERIAS)

| AGENTS<br>(BRAND NAME)                                    | STUDENT<br>AGE | VACCINE ELIGIBILITY  | DOSE #<br>REQUESTED   |
|---|----------------|--|---|
| <b>HB ADULT (1.0 mL)</b><br>(Engerix® or Recombivax®)     |                | <ul style="list-style-type: none"> <li>• 11 to 15 years of age.</li> <li>• Healthy individuals in grade 7 to 12.</li> </ul>  | <input type="radio"/> 1 <input type="radio"/> 2                         |
| <b>HB PEDIATRIC (0.5 mL)</b><br>(Engerix® or Recombivax®) |                | <ul style="list-style-type: none"> <li>• 16 to 19 years of age.</li> <li>• Healthy individuals in grade 7 to 12.</li> </ul>  | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 |
| <b>Men-C-ACYW-135</b><br>(Nimenrix® or Menactra®)         |                | <ul style="list-style-type: none"> <li>• Healthy individuals in grade 7 to 12.</li> <li>• Those born in or after 1997.</li> </ul>  | <input type="radio"/> 1   |
| <b>HPV-9</b><br>(Gardasil-9®)                             |                | <ul style="list-style-type: none"> <li>• <u>Two dose series:</u> Healthy grade 7 to 12 students who are &lt; 15 years of age (or if 1<sup>st</sup> dose given before age 15).</li> <li>• <u>Three dose series:</u> Healthy grade 7 to 12 students who are ≥15 years of age when series started OR Immunocompromised grade 7 to 12 students.</li> </ul> | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 |

### PART 4 VACCINE ADMINISTRATION (ONCE VACCINE(S) ADMINISTERED, COMPLETE PART 4 AND SUBMIT TO RCDHU)

| AGENTS<br>(BRAND NAME)                                    | DOSE #<br>GIVEN | LOT # | EXPIRY<br>DATE | DATE GIVEN<br>(YYYY/MM/DD) | GIVEN BY | RCDHU USE ONLY | PANORAMA<br>ENTRY |
|---|-----------------|-------|----------------|----------------------------|----------|----------------|-------------------|
| <b>HB ADULT (1.0 mL)</b><br>(Engerix® or Recombivax®)     |                 |       |                |                            |          |                |                   |
| <b>HB PEDIATRIC (0.5 mL)</b><br>(Engerix® or Recombivax®) |                 |       |                |                            |          |                |                   |
| <b>Men-C-ACYW-135</b><br>(Nimenrix® or Menactra®)         |                 |       |                |                            |          |                |                   |
| <b>HPV-9</b><br>(Gardasil-9®)                             |                 |       |                |                            |          |                |                   |

### PART 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 daily. 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.

|       |            |                    |
|-------|------------|--------------------|
| NAME: | SIGNATURE: | DATE (YYYY/MM/DD): |
|-------|------------|--------------------|

School-Based Vaccine orders must be placed according to the Vaccine Order Schedule to allow for timely processing. Vaccine order forms must be completed in full and preferably emailed to [vaccineorders@rcdhu.com](mailto:vaccineorders@rcdhu.com) or faxed to 613-735-3067 (Attn: Vaccine Orders).