



PART 1	ORGANIZATION INFO (PLEASE COMPLETE ALL FIELDS)
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ORGANIZATION NAME:	
CONTACT:	EMAIL:
PHONE NUMBER:	FAX NUMBER:

PART 2	HIGH-RISK CLIENT INFO (PLEASE COMPLETE ALL FIELDS)
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LAST NAME:	PREVIOUS LAST NAME:		
FIRST NAME:	DATE OF BIRTH:	AGE:	OHIP:
PHONE NUMBER:	ADDRESS:		

PART 3	VACCINE ORDER (CHECK ELIGIBILITY CRITERIA THAT APPLY AND SELECT DOSE # REQUESTED)
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AGENTS (BRAND NAME)	PUBLICLY FUNDED AGE GROUPS	HIGH-RISK ELIGIBILITY CRITERIA	DOSE # REQUESTED
Hib (Act-Hib®)	≥5 years	<ul style="list-style-type: none"> <input type="radio"/> Asplenia (functional or anatomic) (1 dose) <input type="radio"/> Bone marrow or solid organ transplant recipients (1 dose) <input type="radio"/> Cochlear implant recipients (pre/post implant) (1 dose) <input type="radio"/> Hematopoietic stem cell transplant (HSCT) recipients (3 doses) <input type="radio"/> Immunocompromised individuals related to disease or therapy (1 dose) <input type="radio"/> Lung transplant recipients (1 dose) <input type="radio"/> Primary antibody deficiencies (1 dose) <input type="radio"/> Note: High risk children 5 to 6 years of age who require DTaP- IPV and Hib should receive DTaP-IPV-Hib instead of Hib 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
HA (Havrix® or Vaqta®)	≥1 year	<ul style="list-style-type: none"> <input type="radio"/> Intravenous drug use <input type="radio"/> Liver disease (chronic), including hepatitis B and C <input type="radio"/> Men who have sex with men (MSM) 	<input type="radio"/> 1 <input type="radio"/> 2
HB <input type="radio"/> (Engerix-B® or Recombivax HB®) <input type="radio"/> (Recombivax HB Dialysis Presentation®)	≥0 years	<ul style="list-style-type: none"> <input type="radio"/> Children <7 years old whose families have immigrated from countries of high prevalence for HBV and who may be exposed to HBV <input type="radio"/> Household and sexual contacts of chronic carriers and acute cases (3 doses) <input type="radio"/> History of a sexually transmitted disease (3 doses) <input type="radio"/> Infants born to HBV-positive carrier mothers: <ul style="list-style-type: none"> <input type="radio"/> premature infants weighing <2,000 grams at birth (4 doses) <input type="radio"/> premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses) <input type="radio"/> Intravenous drug use (3 doses) <input type="radio"/> Liver disease (chronic), including hepatitis C (3 doses) <input type="radio"/> Awaiting liver transplants (2nd and 3rd doses only) <input type="radio"/> Men who have sex with men (3 doses) <input type="radio"/> Multiple sex partners (3 doses) <input type="radio"/> Needle stick injuries in a non-health care setting (3 doses) <input type="radio"/> On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only) 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Booster



High-Risk Vaccine Order Form FOR HEALTH CARE PROVIDERS

PART 3 (cont.) VACCINE ORDER (CHECK ELIGIBILITY CRITERIA THAT APPLY AND SELECT DOSE # REQUESTED)			
AGENTS (BRAND NAME)	PUBLICLY FUNDED AGE GROUPS	HIGH-RISK ELIGIBILITY CRITERIA	DOSE # REQUESTED
HPV-9 (Gardasil-9®)	Males 9 to 26 years	<ul style="list-style-type: none"> <input type="checkbox"/> Men who have sex with men 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
4CMenB (Bexsero®)	2 months to 17 years	<ul style="list-style-type: none"> <input type="checkbox"/> Acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Human Immunodeficiency Virus (HIV) 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Men-C-ACYW-135 (Nimenrix® or Menactra®)	9 months to 55 years ≥56 years	<ul style="list-style-type: none"> <input type="checkbox"/> Acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Human Immunodeficiency Virus (HIV) 	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Booster
RSV (Abrysvo® or Arexvy)	60+	<ul style="list-style-type: none"> <input type="checkbox"/> Residents of LTCH, Elder Care Lodges or RHs <input type="checkbox"/> Inpatients receiving ALC <input type="checkbox"/> Hemodialysis or Peritoneal dialysis <input type="checkbox"/> Solid organ or stem cell transplants <input type="checkbox"/> Homelessness <input type="checkbox"/> First Nations, Inuit or Metis persons 	<input type="radio"/> 1

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.

NAME:

SIGNATURE:

DATE (YYYY/MM/DD):

**** Please report any/all doses given on page 3 ****



Renfrew County and
District Health Unit
"Optimal Health for All in Renfrew County and District"

High-Risk Vaccine Order Form FOR HEALTH CARE PROVIDERS

All High-Risk orders must be completed in full and **preferably** emailed to vaccineorders@rcdhu.com or faxed to 613-735-3067 (Attn: Vaccine Orders).

VACCINE ADMINISTRATION (ONCE VACCINE(S) ADMINISTERED, COMPLETE PART 4 AND SUBMIT TO RCDHU)					
DATE GIVEN (YYYY/MM/DD)	GIVEN BY	RCDHU USE ONLY			
		AGENTS (BRAND NAME)	DOSE # DISPENSED	LOT #	EXPIRY DATE
		AGENT: BRAND NAME:			
		AGENT: BRAND NAME:			
		AGENT: BRAND NAME:			

Of note: for urgent high-risk vaccine orders, please call the Immunization Intake Line at 613-732-9436