

## **High Risk Vaccine Order Form**

Vaccine Orders must include 4 weeks of FRIDGE TEMP LOGS			<b>Coolers must</b> be between 2 – 8°C for vaccine to be released		
DATE			<b>Date of Pick-up:</b> 3 business days from date and time of receipt		
HEALTH CARE PROVIDER / FACILITY NAME:			Belleville/Trenton/Prince Edward Co./Central & North Hastings:  FAX ORDER TO: 613 – 966 – 8145		
Contact Person:					
PHONE #: Private #:					
Patient Information Required (Please Print All Fields)					
First Name:			Last Name:		
Date of Birth:			☐ male ☐ female ☐ unknown/other		
ose Required: 1st 2nd 3rd 3rd			Health Card #:		
Please refer to <a href="https://www.health.gov.on.ca/en/pro/programs/immunization/docs/Publicly_Funded_ImmunizationSchedule.pdf">https://www.health.gov.on.ca/en/pro/programs/immunization/docs/Publicly_Funded_ImmunizationSchedule.pdf</a> to ensure  Patient qualifies for publicly funded High-Risk vaccine(s) request					
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Hepatitis A					
Hepatitis B					
Hepatitis B (Dialysis dose)					
Human Papilloma Virus					
Meningococcal C-ACYW135					
Pneumococcal Conjugate (Prevnar-13) *Routine publicly funded Prevnar-13 suitable for High risk patients		[			
Public Health Use Only  Town London Silver Live Control of the Con					
Temp Log Reviewed by:	Date:		Order Fill	lea by:	Date:

Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O., 1990, C.H.7 as amended, and the Immunization of School Pupils Act 1990 as amended, and will be used for assessment, management, treatment and reporting purposes. Questions about this collection of personal information should be addressed to the Privacy Officer at 179 North Park St., Belleville ON K8P 4P1 613-966-5500.