

Facility Name:	
Date:	# of fridges: _____ Type: <input type="checkbox"/> Bar <input type="checkbox"/> Domestic <input type="checkbox"/> Purpose Built
Facility Contact & Phone #:	

Ordering Instructions	Pick-up Instructions
<ul style="list-style-type: none"> <li>✓ Place orders by <b>3pm Wednesday</b> for pick up the following <b>Wednesday morning</b>.</li> <li>✓ Orders must include the <b>previous 4-week</b> temperature log.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Coolers must be between 2 - 8 °C for vaccine to be released.</li> <li>✓ Please ensure your vaccine orders are picked up in a timely manner.</li> <li>✓ Vaccine order inquiries: 705-721-7520 ext. 8808.</li> </ul>

**Students Currently in Grade 7 or 8 will be offered Hepatitis B, Meningococcal and Human Papillomavirus (HPV) vaccines at school. These vaccines will only be released for these students on a case-by-case basis (i.e., student is homeschooled). Students must try to get vaccines at school prior to release to HCP office.**

Refer to the current [Publicly Funded Immunization Schedules for Ontario](#) for number of doses and schedule.

**Student Name:** \_\_\_\_\_ **DOB (yyyy-mm-dd):** \_\_\_\_\_

Vaccine Name	Product / Description	Dose # in Series Requested	Ordering Criteria
<b>Recombivax HB® / Engerix-B®</b>	Hepatitis B	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <i>See <a href="#">Table 6</a> - 2 dose HB schedule for 11-15 years</i> 1.0 mL x 2 doses  <i>See <a href="#">Table 7</a> - 3 dose HB schedule for 16-19 years</i> 0.5 mL x 3 doses	Previous dose(s) given: <u>yyyy - mm - dd</u> <u>yyyy - mm - dd</u>  <input type="checkbox"/> 2010 <input type="checkbox"/> 2009 <input type="checkbox"/> 2008 <input type="checkbox"/> 2007
	<input type="checkbox"/> Latex allergy		
<b>Gardasil®9</b>	HPV	Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <i>See <a href="#">Table 10</a> - 2 dose schedule if started series before 15<sup>th</sup> birthday</i>  <i>See <a href="#">Table 11</a> - 3 dose schedule if started series at 15 years or older; or if immunocompromised</i>	Previous dose(s) given: <u>yyyy - mm - dd</u> <u>yyyy - mm - dd</u>  <input type="checkbox"/> 2010 <input type="checkbox"/> 2009 <input type="checkbox"/> 2008 <input type="checkbox"/> 2007

Location to be picked up (please check):

Orillia     Gravenhurst     Huntsville

VIM Order # (for office use only): \_\_\_\_\_

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