Order Form for Publicly-Funded Human Papillomavirus Vaccine for Eligible Patients



Fax completed form to 705-743-2897

Order Date (yyyy/mm/dd):	Panorama Premise #:			
Pick Up Date (yyyy/mm/dd):	Pick Up Time: 8:45 to 9:45 12:00 to 1:00 3:00 to 4:00			
ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are TUESDAY'S and THURSDAY'S				
Facility Name:	Health Care Providers:			Suite#
Contact Name:	Telephone Number:			
Are temperature logs from the period since your last vaccine order attached?YesNo →vaccine will not be released				
To confirm eligibility for vaccine, please check the box that applies:				
patient is FEMALE and in Grade 7-12 OR MALE and in Grade 7-12 and the physician/nurse practitioner agrees to fax this form back to				
Public Health at (705)743-2897 with the following completed:				
Student Last Name:	First Name:			
Birthdate (YYYY/MM/DD):	School:			
Address:				
Vaccine administration date(s):				
☐ patient is a male who is ≤ 26 years who identifies as a man who has sex with men (includes gay, bisexual and trans people)				
Ontario Ministry of Health Publicly-Funded Immunization Schedule: http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx				
Vaccine	Doses / box	# of boxes	Office use / Lot # -expiry	
Human Papillomavirus Vaccine (Gardasil) (If series initiated before student is 14 years old, then two doses are required. If series is initiated after 14 years of age, three doses are required to complete the series.)	Single dose			
For Office Use only: Temp Log received: Y N Temps in range: Y N Initial:				
Order filled: 20/				
Panorama Req #:				