

**Order Form for Publicly-Funded  
Hepatitis B Vaccine for High Risk Individual**

Fax completed form to 705-743-2897



*Use one form per patient*

Order Date (YYYY/MM/DD):	Panorama Premise #:	
Pick Up Date (YYYY/MM/DD): <i>ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are <b>TUESDAY'S</b> and <b>THURSDAY'S</b></i>	Pick Up Time: <input type="checkbox"/> 8:45 to 9:45 <input type="checkbox"/> 12:00 to 1:00 <input type="checkbox"/> 3:00 to 4:00	
Facility Name:	Health Care Providers:	Suite #
Contact Name:	Telephone Number:	

Are temperature logs from the period since your last vaccine order attached?  Yes  No → Vaccine will not be released  
Information on the client must be collected for clients receiving vaccine that has eligibility requirements.

Patient's Date of Birth (YYYY/MM/DD):	Patient's Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other
---------------------------------------	--

**To confirm eligibility for high-risk group vaccine, please check appropriate risk factor:**

- Infants born to HBV-positive carrier mothers:
  - Premature infants weighing <2,000 grams at birth (4 doses)
  - Premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses)
- Household and sexual contacts of chronic carriers and acute cases (3 doses)
- Individuals engaging in intravenous drug use (3 doses)
- Men who have sex with men, individuals with multiple sex partners, and history of a sexually transmitted disease (3 doses)
- Individuals having needle stick injuries in a non-health care setting (3 doses)
- Children <7 years old whose families have immigrated from countries of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended families (3 doses)
- Individuals with chronic liver disease including hepatitis C (3 doses)
- Individuals on renal dialysis and those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only)
- Individuals awaiting liver transplants (2nd and 3rd doses only)

**Refer to Ontario Ministry of Health Publicly-Funded Immunization Schedule, High Risk Groups:**  
[www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx](http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx)

Vaccine		Dose / box	# of boxes	Office use / Lot # -expiry
<b>Hepatitis B</b> (Engerix, Recombivax)	Order sufficient vaccine to complete the series.	1		

**For Office Use only:** Temp Log received:  Y  N Temps in range:  Y  N Initial: \_\_\_\_\_

**Order filled:** 20\_\_\_\_/\_\_\_\_/\_\_\_\_ **By:** \_\_\_\_\_ **Panorama entry:** 20\_\_\_\_/\_\_\_\_/\_\_\_\_

**Panorama Req #:** \_\_\_\_\_