

**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 #:
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Pick Up Date (yyyy/mm/dd):	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
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 #
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Contact Name:	Telephone Number:
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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 Age: _____ years	Patient's Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other
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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

Vaccine		Dose / box	# of boxes	Office use / Lot # -expiry
Hepatitis 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 #: _____