

**Order Form for Publicly-Funded Meningococcal  
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):	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		
<b>ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are TUESDAY'S and THURSDAY'S</b>			
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 Birthdate (YYYY/MM/DD):	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:**

Eligible Age Group	Dose
<b>4C Men B</b>	
<input type="checkbox"/> Individuals with functional or anatomic asplenia <input type="checkbox"/> Individuals with complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Individuals with acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Individuals with HIV	2 months to 17 years 2 to 4

**Meningococcal Conjugate-ACYW**

<input type="checkbox"/> Individuals with functional or anatomic asplenia <input type="checkbox"/> Individuals with complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Individuals with acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Individuals with HIV	9 months to 55 years	2 to 4 + boosters
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**Meningococcal Conjugate-ACYW**

<input type="checkbox"/> Individuals with functional or anatomic asplenia <input type="checkbox"/> Individuals with complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Individuals with acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Individuals with HIV	> 56 years	1
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**Refer to Ontario Ministry of Health Publicly-Funded Immunization Schedule, High Risk Groups:**

<http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>

Vaccine	Doses / box	# of boxes	Office use / Lot # -expiry
Meningococcal 4 C Men B	1		
Meningococcal Conjugate-ACYW	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 #:**