

**Order Form for Publicly-Funded
Hepatitis A 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): ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are TUESDAYS and THURSDAYS	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 Age: _____ years → must be ≥ 1 year of age Patient's Gender: male female other

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

- Persons with chronic liver disease including hepatitis B and C
- Persons engaging in intravenous drug use
- Men who have sex with men

Refer to Ontario Ministry of Health Publicly-Funded Immunization Schedule, High Risk Groups:

[Publicly Funded Immunization Schedules for Ontario June 2022 \(gov.on.ca\)](http://gov.on.ca)

Vaccine		Doses / box	# of boxes	Office use: Lot #
Hepatitis A (Vaqta, Havrix, Avaxim)	Two doses are required to complete the series. Order sufficient vaccine to complete the series.	1		Expiry

For Office Use only: Temp Log received: Y N Temps in range: Y N Initial: _____ Viewed by nurse: Y N Initial: _____

Order filled: 20____/____/____ By: _____ Panorama entry: 20____/____/____

Panorama Req #: