

High Risk Vaccine Order Form

Healthcare Provider Name:

Contact Number:

All high risk orders must follow ALL the regular ordering procedures.

Patient name:

DOB:

Describe the patient's High Risk Eligibility Criteria as per the Publicly Funded Immunization Schedules for Ontario- June 2022:

Code Name / Vaccines	Doses/Package	Current Doses	Doses Required
HIB	5		
Hepatitis A (Adult)	1		
Hepatitis A (PAED)	1		
Hepatitis B (ADULT)	1		
Hepatitis B (PAED)	1		
Meningococcal(Men-C-ACYW135)	1		
HPV-9(MSM age 9-26)	1		
Prevnar 13	10		
Tubersol	10		
4CMenB (multicomponent MenB)			

By Submitting this order, I verify on behalf of the practice the following:

- Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily
- Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection
- All temperature excursions outside of +2° C to 8°C (if applicable) have been reported to and recommendations regarding usage of the effected vaccines have been implemented by the practice
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices

Note: If you are unable to verify any of the above, call the Haldimand Norfolk Health Unit at 519-426-6170 Ext. 3472

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www.hnhss.ca

519-426-6170 • 905-318-6623 • 519-582-3579

**Health and
Social Services**
Haldimand and Norfolk