



Publicly Funded High Risk & School Program

# Vaccine Order Form

Fax To: 519-426-9246

www.hnhu.org

Refer to the Publicly Funded Immunization Schedules for Ontario for eligibility criteria

I have attached a copy of our fridge temperatures since our last order to verify that vaccine has been stored between +2° C and +8° C and min/max temperatures have been recorded twice daily.

**All orders must be faxed to the Health Unit at 519-426-9246 by 12:00 p.m. on Thursday. Your order will be available for pick up on the following Thursday after 2:00 p.m. Please note, pick up time at the Health Unit are Monday-Friday between 8:45 a.m. and 4:15 p.m. •**

**Pick up Location**

- HNHU – Simcoe (12 Gilbertson Drive)
- HNHU – Caledonia (100 Haddington Street)
- Haldimand War Memorial Hospital – Dunnville
- West Haldimand General Hospital - Hagersville

**Name of Facility/Practice and Physician:**

**Temp log verified, attached, and order completed by:**

<b>Date:</b>	<b>Contact Number/Ext.</b>
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Common Name	Agent Name	Doses Remaining	Doses Required
Pentacel/Pediacel	DTaP-IPV-Hib		
Polio	IPV		
Menjugate/NeisVac-C	Meningococcal C Conjugate / MenC-C		
MMR II/Priorix	Measles, Mumps, Rubella (MMR)		
Priorix-Tetra/ProQuad	Measles, Mumps Rubella and Varicella (MMRV)		
Prevnar 13	Pneumococcal Conjugate		
Pneumo23/ Pneumovax23*	Pneumococcal Polysaccharide		
Rotarix	Rotavirus		
Td Adsorbed*	Td		
Adacel/Boostrix*	Tdap		

(\* ) vaccines commonly used at long-term care homes June 2024

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STI Medications & Products		
Gonorrhea Treatment	Package Contents	# of Packages
1st Line	Ceftriaxone 250mg IM (2ml of Lidocaine provided) + Azithromycin 1 g PO	
2nd Line (only to be used if unable to use 1st line)	Cefixime 400 mg PO + Azithromycin	
Chlamydia Treatment		
1st Line	Azithromycin 1 g PO	
2nd Line (only to be used if unable to use 1st Line)	Doxycycline 100 mg PO BID x 7 days	
Syphilis	Benzathine Penicillin G 2.4 million U IM	
Condoms	100 Condoms	
Paper Products		
Vaccine Fridge Temp. Log Book	7619-1908-0	
Yellow Immunization Cards w/ Sleeve	7530-4708-0	
NutriSTEP Screening Tool-Toddler	18 to 35 months	
NutriSTEP Screening Tool-Preschooler	3 to 5 years	
Looksee Child Development Check List	List	
Healthy Growth & Development Services - support from pregnancy to parenthood	Brochure	

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. 3214.



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**Name of Facility/Practice and Physician:**

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**Contact Number/Ext.**

**Hepatitis A (Avaxim®/Havrix®)**

**Name (First & Last)**

**DOB (YYYY/MM/DD)**

**HIGH RISK ELIGIBILITY > –  
≥ 1 year with:**  
(please check all that apply)

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

**DOSE #:** (please choose dose required)

Product Alternate ID  
657132570

**Haemophilus influenzae type b (Act-HIB®)**

<b>Name (First &amp; Last)</b>	<b>DOB (YYYY/MM/DD)</b>	<b>HIGH RISK ELIGIBILITY &gt; – ≥ 5 year with:</b> (please check all that apply)
	<b>DOSE #:</b> (please choose dose required)	<input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipient* (3 doses) <input type="checkbox"/> Functional or anatomic asplenia (1 dose) <input type="checkbox"/> Bone marrow or solid organ transplant recipient (1 dose) <input type="checkbox"/> Cochlear implant recipient (pre/post implant) (1 dose) <input type="checkbox"/> Primary antibody deficiency (1 dose)  Product Alternate ID 657132430



# Requisition Form for Covid- 19 Vaccines

Fax To: 519-426-9246  
www.hnhu.org

<b>Healthcare Provider Name</b>	
<b>Address</b>	
<b>Anticipated date of clinic</b>	
<b>Requested Pick-up Date</b>	
All orders must be faxed to 519-426-9246 by 12:00 p.m. on Thursday for pick-up the following Thursday after 2 p.m. Pick-up times are Mon-Fri. 8:45 a.m.- 4:15 p.m.	

**\*Please note fridge stability time highlighted below.**

Please order the number of vials/doses required, including any vaccination supplies.

<b>Covid-19 Vaccine</b>	<b>Vaccination/ Supplies /Package</b>	<b>Current Vials/ Doses</b>	<b>Doses Req.</b>	<b>Vials Req.</b>
Pfizer XBB (Adult)				
Pfizer XBB (Pediatric)				
Pfizer XBB (Infant)				
Moderna XBB (6m+)				
Novavax XBB				
<b>Vaccination Supplies</b>				
Vanish Point 1"				
1ml syringes				
5/8" needles				
1" needles				

**By submitting this order, you verify the following:**

- Refrigerators have maintained temperatures between +2°C to +8°C.
- Temperatures are documented twice daily, including the time the temperature was recorded.
- Accurate temperature logs are available upon request and are stored on site until your next annual cold chain inspection.
- All temperature excursions outside of +2° C to 8°C (if applicable) have been reported to the Health Unit.
- Recommendations regarding use of the affected vaccines have been implemented.
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices.
- You understand the stability in the fridge is 30 days for Moderna products and 10 weeks for Pfizer products. This day begins from the date removed from PHU Freezer (noted on the delivery box)
- Please do not order more than 1 week prior to planned usage.

Legend: Number of doses per vaccine: Pfizer XBB? Pediatric Pfizer XBB = 6 doses, Infant Pfizer XBB/Novavax = 10 doses, Moderna = 5 doses