

# High Risk Vaccine Order Form

Healthcare Provider Name Contact Number 

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

Patient Name Date of Birth 

Describe the patient's High Risk Eligibility Criteria as per the Publicly Funded Immunization Schedules for Ontario- December 2016:

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		
Menactra(Men-C-ACYW135)	1		
HPV-9(MSM age 9-26)	1		
Pevnar 13	10		

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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