

Partner Notification (All partners within 60 days prior to diagnosis or if no recent contacts, then last sexual partner)	<input type="checkbox"/> Client is notifying partner(s) <input type="checkbox"/> Client requesting confidential partner notification by Public Health
Recommended Follow-Up	
<input type="checkbox"/> Routine STI testing every 3-6 months <input type="checkbox"/> Test of cure (minimum 3-4 weeks following treatment completion) <input type="checkbox"/> Chlamydia – only recommended when compliance to treatment is suboptimal, an alternative treatment regimen is used or the person is prepubertal or pregnant <input type="checkbox"/> Gonorrhea – test of cure is recommended for all positive sites in all cases	

Form Completed by: (please print) _____ **Date:** _____

I feel this client would benefit from further health teaching/support from Public Health



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:

Date:

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®)

Name (First & Last)	DOB (YYYY/MM/DD)	HIGH RISK ELIGIBILITY > – ≥ 5 year with: (please check all that apply)
	DOSE #: (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

Healthcare Provider Name	
Address	
Anticipated date of clinic	
Requested Pick-up Date	
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.

Covid-19 Vaccine	Vaccination/ Supplies /Package	Current Vials/ Doses	Doses Req.	Vials Req.
Pfizer XBB (Adult)				
Pfizer XBB (Pediatric)				
Pfizer XBB (Infant)				
Moderna XBB (6m+)				
Novavax XBB				
Vaccination Supplies				
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