Lakelands Public Health

High Risk Vaccine Order Form

Fax completed form to (905) 885-5352

Note: 4 weeks of vaccine temperature logs must be included with your order. If vaccine temperature logs are not included, your order will not be processed. "Doses on Hand" must be completed for all products ordered. Product quantities are subject to availability; orders may be adjusted at the discretion of Lakelands Public Health

Order Date (YYYY/MM/DD):		
PETERBOROUGH HEALTH CARE PROVIDERS ONLY	**NORTHUMBERLAND AND CITY OF KAWARTHA LAKES HEALTH CARE PROVIDERS ONLY**	
Pick Up Date (YYYY/MM/DD): _____ Pick up days are every week on Tuesday and Thursday *Orders must be received a minimum of 5 business days before the scheduled pick-up date*	Pickup days are the 2nd and 4th Thursdays of the month *Orders must be received by Friday at 4 pm the week before the scheduled pick-up date*	
Facility/Health Care Provider Name:		**Suite #:**
Contact Name:	**Telephone number/Email:**	
Please Note: Order enough vaccine to complete series		
See eligibility criteria here: Ontario's Routine Immunization Schedule | ontario.ca		

Abbreviation		Doses on Hand	Doses Required
Act-Hib			
HA	Adult		
	Paediatric		
HB	Adult		
	Paediatric		
	Renal Dialysis		
HPV-9			
MenB			
Men-C-ACYW135			