

Order Form for Publicly-Funded Hepatitis B Vaccine for High Risk Individual

Fax completed form to 705-743-2897

Please use one form per patient

Order Date: (YYYY/MM/DD):		Panorama Premise #:		
Pick Up Date (YYYY/MM/DD): ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are Tuesday's and Thursday's		Pick Up Time: <input type="checkbox"/> 8:45 to 9:45 <input type="checkbox"/> 12:00 to 1:00 <input type="checkbox"/> 3:00 to 4:00		
Facility Name:		Health Care Provider:		Suite #
Contact Name:		Telephone number:		
Are temperature logs from the period since your last vaccine order attached? <input type="checkbox"/> Yes <input type="checkbox"/> No > vaccine will not be released				
Information on the client must be collected for clients receiving vaccine that has eligibility requirements.				
Patient's Date of Birth (YYYY/MM/DD):			Patient's Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other	
To confirm eligibility for high-risk group vaccine, please check appropriate risk factor: <input type="checkbox"/> Infants born to HBV-positive carrier mothers: <ul style="list-style-type: none"> Premature infants weighing <2,000 grams at birth (4 doses) Premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses) <input type="checkbox"/> Household and sexual contacts of chronic carriers and acute cases (3 doses) <input type="checkbox"/> Individuals engaging in intravenous drug use (3 doses) <input type="checkbox"/> Men who have sex with men, individuals with multiple sex partners, and history of a sexually transmitted disease (3 doses) <input type="checkbox"/> Individuals having needle stick injuries in a non-health care setting (3 doses) <input type="checkbox"/> Children <7 years old whose families have immigrated from countries of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended families (3 doses) <input type="checkbox"/> Individuals with chronic liver disease including hepatitis C (3 doses) <input type="checkbox"/> Individuals on renal dialysis and those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only) <input type="checkbox"/> Individuals awaiting liver transplants (2nd and 3rd doses only)				
Refer to Ontario Ministry of Health Publicly-Funded Immunization Schedule, High Risk Groups: Publicly Funded Immunization Schedules for Ontario June 2022 (ontario.ca)				
Vaccine		Dose/box	# of boxes	Office Use Lot # / Expiry
Hepatitis B (Engerix, Recombivax)	Order sufficient vaccine to complete the series.	1		
For Lakelands Public Health use only:				
Temp log received: <input type="checkbox"/> Y <input type="checkbox"/> N Temps in range: <input type="checkbox"/> Y <input type="checkbox"/> N Initial: _____ Viewed by nurse: <input type="checkbox"/> Y <input type="checkbox"/> N Initial: _____				
Order Filled: 20____/____/____ by: _____ Panorama Entry: 20____/____/____				
Panorama Req #:				