

## Hepatitis B Vaccine: High-Risk Client Order Form

## Requirements for Order to be Processed:

- Health Department nurse will assess, and release one dose of vaccine per order based on client eligibility and the
  publicly funded immunization schedule.
- Complete all sections below and fax the order form with temperature logs since last order to the site where you will
  pick up your vaccine (Locations below). Orders can take up to 10 business days to process.

Fridge #:	Clinic/Healt	hcare Provider:		
Date:	Phone:		Fax:	
Client and Vaccine Inf	ormation:			
Last Name:	First Name	:	DOB (Y-M-D):	
Gender:	Phone:		Other Phone:	
Address:			Latex Allergy:	☐ Yes ☐ No
Dose Requested:	Dose 1:	Dose 2:	Dose 3:	Booster dose:
Premature infants weighted Clients (20 years or older) recommended by the Canal Clients (0-19 years) on remoder (16):mcg/mL.  Person with diseases requested Household and sexual conductive History of sexually transmit Intravenous drug use (3 decomposed in Individuals awaiting liver transmit Men who have sex with medical conductive for the conductive History of the conductive for	ghing less than 2,000 gr. ghing 2,000 grams or hig on renal dialysis (2nd a adian Immunization Guid hal dialysis (2nd and 3rd dialysis (2nd and 3rd dialysis of chronic carriers atted infection (3 doses). Doses).  ansplants (2nd and 3rd den (3 doses).	gher at birth and form of the second description of the second of the se	ull/post term infants (3 dosesty), 40mcg/mL dose of Recollicate the dose of Recombive and 3rd doses only).	ombivax <sup>®</sup> as
who may be exposed to H Person with chronic liver d	injuries in a non-health old whose families have epatitis B carriers throug isease, including Hepati	care setting (3 dos immigrated from one gh extended family tis C (3 doses).	countries of high prevalence (3 doses).	e for Hepatitis B, and
Clinic stock supply (ONLY			·	
Doses required:			0.5mL:	
HCP/Clinic Pick-Up Mo Whitby, C	<del>_</del>	next order. ad East; P: 905-6	☐ Separate from m 668-7711; F: 905-666-62	-
Port Pe	erry, ON: 181 Perry S	treet; P: 905-985	5-4889; F: 905-982-0840.	

Personal health information is collected, used and disclosed under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and its Regulations. This information is collected for the purpose of assessing, planning, maintaining records, evaluating and reporting on the level of support services required to be provided by the Health Department, Regional Municipality of Durham; such as to reduce or eliminate vaccine preventable diseases, and to provide vaccine services to children and adults. Questions about this collection of information should be addressed to the Manager, Health

Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E., P.O. Box 730, Whitby, ON, L1N 0B2, (905) 668-7711.

Vaccine Storage and Handling line: 905-668-7711 ext. 3063