

Hepatitis A 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. Orders can take up to 10 business days to process.

Fridge Number:	Clinic/Provider:	Date (Y-M-D):
Phone:	Fax:	Email:

Client and Vaccine Information:

Last Name:	First Name:	DOB (Y-M-D):
Gender:	Phone:	Other Phone:
Address:		
Dose Requested:	Dose 1: Dose 2: D	
Reason for Release	:	
Anyone who is 1 year of	age or older with any of the fo	ollowing:
 Intravenous drug us Men who have sex 	with men.	Datitis B and Hepatitis C). GH-RISK STOCK RELEASE SITES):
Doses required:	Adult: 🗌	Child:
HCP/Clinic Pick-Up	Method:	order Separate from monthly order
605 Rossla P: 905-	by, ON nd Road East 668-7711 666-6214	Port Perry, ON 181 Perry Street P: 905-985-4889 F: 905-982-0840

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

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.