

## 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. 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:					Latex Allergy:	Yes	□No
Dose Requested:	Dose 1:	Dose 2:	Dose 3:	Booster	dose:		
Reason for Release	<b>e</b> :						
☐ Infants born to HB	V-positive carrier	mothers:					
			ams at birth (4 do gher at birth and f	,	m infants (3 dose	s).	
Clients (20 years of recommended by	,	• •		ses only), 4	0mcg/mL dose of	f Recombiv	ax <sup>®</sup> as
Clients (0-19 years (Refer to CIG):		is <b>(second and</b>	third doses onl	ly). Indicate	the dose of Rec	ombivax® r	equired
Person with disease	ses requiring freq	uent receipt of	blood products (s	second and	d third doses on	ly).	
☐ Household and se	xual contacts of	chronic carriers	and acute cases	(3 doses).			
☐ History of sexually	transmitted dise	ase (3 doses).					
Intravenous drug ι	ıse (3 doses).						
Individuals awaitin	g liver transplant	s <b>(second and</b>	third dose only	).			
Men who have sex with men (3 doses).							
Any individual with	multiple sex par	tners (3 doses)					
☐ Those having need	dle stick injuries i	n a non-health	care setting (3 do	oses).			
Children less than who may be expos						e for Hepa	titis B, and
Person with chroni	ic liver disease, i	ncluding Hepati	tis C (3 doses).				
☐ Clinic stock supply	( <u>ONLY</u> for appı	oved high-risk	stock release s	sites):			
Doses required:		1mL: 🔲 D	oses required: _		0.5mL:		
Pick-Up Method:		order 🗌 se	parate from m	onthly or	der		
	Whitby, ON: 60	05 Rossland Ro	ad East; P: 905-6	668-7711; F	: 905-666-6214		
	Port Perry, 0	<b>DN:</b> 181 Perry 8	Street; P: 905-98	5-4889; F: 9	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