



Act-Hib Vaccine: High-Risk Client Order Form

(Haemophilus Influenzae Type B Vaccine)

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/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: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dose Requested: Dose 1: Dose 2: Dose 3:

Reason for Release:

Individuals aged **6 weeks to 4 years** missing only Hib within primary immunization series.

Anyone ≥ 5 years of age with any of the following:

- Persons with functional or anatomic asplenia (1 dose).
- Bone marrow or solid organ transplant recipients (1 dose).
- Cochlear implant recipients (Pre/post implant) (1 dose).
- Hematopoietic stem cell transplantation (HSCT) recipients (3 doses).
- Immunocompromised individuals related to disease or therapy (1 dose).
- Lung transplant recipients (1 dose).
- Primary antibody deficiencies (1 dose).

Note: High risk children 5 to 6 years of age who require DTaP-IPV and Hib may receive DTaP-IPV-Hib instead of Hib.

HCP/Clinic Pick-Up Method: With next order. Separate from monthly order.

Whitby, ON
605 Rossland Road East
P: 905-668-7711
F: 905-666-6214

Port Perry, ON
181 Perry Street
P: 905-985-4889
F: 905-982-0840

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