



# 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 to the site where you pick up your vaccine (locations below). Orders can take up to 10 business days to process.

Fridge #:	Clinic/Healthcare Provider:
Date:	Phone: Fax:

## 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 greater than or equal to 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)
- All 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

**Pickering, ON**  
 1355 Kingston Road  
 P: 905-420-8781  
 F: 905-420-9765

**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.