



School Based Vaccines: Individual Client Grade 7-12

(Hepatitis B, Men-C-ACYW-135, and Human Papillomavirus-9 Vaccines)

Requirements for Order to be Processed:

- The client cannot receive **Men-C-ACYW-135, Hepatitis B** and/or the **Human Papillomavirus-9 (HPV-9) vaccine(s)** at Health Department clinic(s).
- Health Department nurse will assess and release **one dose of vaccine per order** based on client eligibility, the publicly funded immunization schedule, and scheduled appointment with healthcare provider.
- 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.

School-based vaccines **MUST** be reported back to Durham Region Health Department (DRHD) by:

- Faxing the immunization update to DRHD at 905-666-6214 (preferred) **or**
- Filling out and providing the patient a **“Vaccinate Then Update”** tear-off form and instructing the patient/parent/guardian to self-report.

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

Client Information:

Last Name:	First Name:	DOB (Y-M-D):
Gender:	Address:	
Phone:	Other Phone:	Latex Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No

Vaccine Information:

<input type="checkbox"/> Men-C-ACYW-135	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HPV-9
Has client had prior dose(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has client had prior dose(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has client had prior dose(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide dose info below:	If yes, provide dose info below:	If yes, provide dose info below:
Vaccine Name: _____	Vaccine Name: _____	Vaccine Name: _____
Given (Y-M-D): _____	Given (Y-M-D): _____	Given (Y-M-D): _____
Vaccine Name: _____	Vaccine Name: _____	Vaccine Name: _____
Given (Y-M-D): _____	Given (Y-M-D): _____	Given (Y-M-D): _____

Date (Y-M-D) of Scheduled Appointment (required for order to be filled): _____

Pick-Up Method: with next order separate from monthly order. **Vaccinate Then Update pad needed:** YES NO

Whitby: 605 Rossland Road East; P: 905-668-7711; F: 905-666-6214 **Port Perry:** 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.