



School Based Vaccines: Grade 7 to 12 Students

Meningococcal-C-ACYW, Hepatitis B and HPV9 vaccine(s)

Requirements for Order to be Processed:

- Health Department nurse determined your client cannot receive **Meningococcal-C-ACYW (e.g. Menactra®), Hepatitis B and/or the Human papillomavirus 9 (HPV9) vaccine(s)** at our clinic(s).
- 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 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 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-ACYW135	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HPV9
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): _____

HCP/Clinic pick-up Method:

With next order

Separate from monthly order

Whitby, Ontario

605 Rossland Road East,

Phone: 905-668-7711

Fax: 905-666-6214

Port Perry, Ontario

181 Perry Street

Phone: 905-985-4889

Fax: 905-982-0840

Pickering, Ontario

1355 Kingstons Road

Phone: 905-420-8781

Fax: 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.

Revised May 2019