



Meningococcal 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 (Locations below). Orders can take up to 10 business days to process.

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

High Risk Client Order Section: (Provide client and vaccine information with the "Reason for Release")

Last Name:	First Name:	DOB (Y-M-D):
Gender:	Phone:	Other Phone:
Address:		

Dose Requested: **Dose 1:** **Dose 2:** **Dose 3:** **Dose 4:** **Booster:**

Vaccine Required	Common Brands	Publicly Funded Age	# of Eligible Doses
<input type="checkbox"/> Men-C-ACYW	Menactra®, Menveo®	9 months to 55 years	2 to 4 + boosters
<input type="checkbox"/> Men-C-ACYW	Menactra®, Menveo®	≥ 56 years	1

Reason for Release:

- Functional or anatomic asplenia
- Complement, properdin, factor D or primary antibody deficiencies
- Acquired complement deficiency (E.g., receiving eculizumab)
- Cochlear implant recipients (Pre/post implant)
- HIV
- Immunoprophylaxis of close contacts of invasive meningococcal disease cases
- Clinic stock supply (**ONLY for approved high-risk stock release sites**): Doses required: ____

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

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.