York Region

FOR OFFICE USE ONLY
Holding Point Code: YOR_NW
Requisition number:

High-Risk Vaccines Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) to request vaccine(s) for an eligible individual who meets high risk eligibility criteria according to the Publicly Funded Schedules for Ontario. Provide administration date(s) of previous dose(s) already received when ordering a subsequent dose in a multi-dose series. Missing information will result in delays to your order.
2. Include the most current five business days of refrigerator temperature logs.
3. Email all pages to **VaccineInventory@york.ca** or fax to **905-830-0578**.
   Note: Eligibility for the requested vaccine(s) will be reviewed by York Region Public Health (YRPH). Two doses in a multi-dose series may be released at a time if they can be administered following a one month interval.
4. Pick up your order once you receive a notification from YRPH by telephone call or e-mail.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Holding Point Code: YOR_NW

*Healthcare provider/Practice name

*Order date (mm/dd/yyyy)

*Number of immunizer(s)

*Type of practice: ◯ General practice ◯ Pediatrician ◯ Other:

*Number of refrigerator(s)

*Type(s) of refrigerator: ◯ Bar ◯ Domestic ◯ Purpose-built

*Contact person

*Phone number

*Fax

*Email

Unit number

*Street number

*Street address

*City/Town

*Postal code

SECTION 3 – PICK-UP LOCATIONS

***Select pick-up location. Our office hours are 8:30 a.m. to 4:30 p.m., Monday to Friday at all locations.**

◯ Newmarket
17150 Yonge Street

◯ Richmond Hill
50 High Tech Road

◯ Georgina
24262 Woodbine Avenue

◯ Vaughan
9060 Jane Street

◯ Markham
4261 Highway 7 East

SECTION 4 – ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice daily. Furthermore, I verify that no more than one month supply of vaccine is stored at the location listed above; red-dotted and short-dated vaccines are used first; expired vaccines are never administered and are returned as wastage; a review of vaccine inventory and checking for expired vaccines has been completed before placing orders; and all due diligence has been taken to prevent the wastage of publicly funded vaccines. I understand that I am required to maintain accurate temperature logs that must be kept onsite for a minimum of two years and made accessible to York Region Public Health upon request. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard-sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

*Print Name

*Signature

*Date (mm/dd/yyyy)

Complete and submit pages 1 and 2

SECTION 5 – HIGH RISK VACCINE(S) REQUEST

Vaccine	Client Initals	Date of Birth	Requested Dose in Multi-Dose Series Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria
Men-B			Dose	Date	Publicly Funded Age Group: 2 months to 17 years, and Select [✓] ☐ Acquired complement deficiencies (eg., receiving eculizumab) ☐ Asplenia (functional or anatomic) ☐ Cochlear implant recipients (pre/post implant) ☐ Complement, properdin, factor D or primary antibody deficiencies ☐ Human Immunodeficiency Virus (HIV)
			Number of Eligible Doses: 2 to 4 doses, depending on the client's age at first dose		
			☐		
			☐		
			☐		
			☐		
Men-C-ACYW-135 **Note:** Administration of available publicly funded Men-C-ACYW vaccines to individuals 56 years of age and older is off-label. Clinical judgement is advised.			Dose	Date	Publicly Funded Age Group: > 6 weeks, and Select [✓] ☐ Acquired complement deficiencies (eg., receiving eculizumab) ☐ Asplenia (functional or anatomic) ☐ Cochlear implant recipients (pre/post implant) ☐ Complement, properdin, factor D or primary antibody deficiencies ☐ Human Immunodeficiency Virus (HIV)
			Number of Eligible Doses: 1 to 4 doses + boosters, depending on the client's age at first dose		
			☐		
			☐		
			☐		
			☐		
HPV-9			Dose	Date	Publicly Funded Age Group: 9 to 26 years, and Select [✓] ☐ Men who have sex with men (MSM)
			Number of Eligible Doses: 2 to 3 doses, depending on the client's age at first dose		
			☐		
			☐		
			☐		
Hep A			Dose	Date	Publicly Funded Age Group: ≥1 year, and Select [✓] ☐ Intravenous drug use ☐ Liver disease (chronic), including hepatitis B and C ☐ Men who have sex with men
			Number of Eligible Doses: 2 doses		
			☐		
			☐		
			☐		

SECTION 5 – HIGH RISK VACCINE(S) REQUEST CONTINUED

Vaccine	Client Initals	Date of Birth	Requested Dose in Multi-Dose Series Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria
Hib			Dose	Date	Publicly Funded Age Group: ≥ 5 years, and Select [✓] ☐ Asplenia (functional or anatomic) (1 dose) Bone marrow or solid organ transplant recipients (1 dose) ☐ Cochlear implant recipients (pre/post implant) (1 dose) ☐ Hematopoietic stem cell transplant (HSCT) recipients (3 doses) ☐ Immunocompromised individuals related to disease or therapy (1 dose) ☐ Lung transplant recipients (1 dose) ☐ Primary antibody deficiencies (1 dose)
			Number of Eligible Doses: 2 to 4 doses, depending on the client's age at first dose		
			☐		
			☐		
			☐		
			☐		
IPV			Dose	Date	Publicly Funded Age Group: ≥ 18 years, and Select [✓] ☐ Travelers who have completed their immunization series against polio and are travelling to areas where polio virus is known or suspected to be circulating
			Number of Eligible Doses: 1 lifetime booster dose		
			☐		

Refer to the Publicly Funded Immunization Schedules for Ontario for details regarding high risk eligibility, number of eligible doses and minimum/recommended dosing intervals.

To order Hepatitis B (Hep B) vaccine for eligible high risk individuals, use the High Risk Hepatitis B Vaccine Order Form.

(OPTIONAL) NOTES ON VACCINE ORDER

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Printed by/date:

Picked by/date:

Entered by/date:

Packed by/date:

Sorted by/date:

Audited by/date: