

SECTION 5 – HIGH RISK VACCINE(S) REQUEST

Vaccine	Client Initials	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 <input type="checkbox"/> 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		
			1		
			2		
			3		
4					
Men-C-ACYW-135			Dose	Date	Publicly Funded Age Group: ≥9 months, and Select <input type="checkbox"/> 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		
			1		
			2		
			3		
4					
HPV-9			Dose	Date	Publicly Funded Age Group: 9 to 26 years, and Select <input type="checkbox"/> Men who have sex with men (MSM)
			Number of Eligible Doses: 2 to 3 doses, depending on the client's age at first dose		
			1		
			2		
Hep A			Dose	Date	Publicly Funded Age Group: ≥1 year, and Select <input type="checkbox"/> Intravenous drug use Liver disease (chronic), including hepatitis B and C Men who have sex with men
			Number of Eligible Doses: 2 doses		
			1		
			2		

SECTION 5 - HIGH RISK VACCINE(S) REQUEST CONTINUED

Vaccine	Client Initials	Date of Birth	Requested Dose in Multi-Dose Series Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria
			Dose	Date	
Hib			Number of Eligible Doses: 1 or 3 doses, depending on the clinical eligibility criteria		Publicly Funded Age Group: \geq 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)
			1		
			2		
			3		
IPV			Number of Eligible Doses: 1 lifetime booster dose		Publicly Funded Age Group: \geq 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

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

FOR OFFICE USE ONLY

Printed by/date: Picked by/date:

Entered by/date: Packed by/date:

Sorted by/date: Audited by/date: