



FOR OFFICE USE ONLY

\*Holding Point Code: YOR\_NW

Requisition number:

# High-Risk Hepatitis B Vaccine Order Form

## SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (\*) to request Hepatitis B vaccines for eligible individuals who meets high risk eligibility criteria according to the [Publicly Funded Schedules for Ontario](#) – 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](mailto:VaccineInventory@york.ca) or fax to 905-830-0578.  
Note: Client eligibility for the requested doses will be reviewed by York Region Pubic Health (YRPH). Up to two doses in a multi-dose series may be released at a time if the doses are 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 MOH 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 to 3**



