

## Special Release Grade 7 School Vaccines Order Form

### SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (\*) – missing information will result in delays to your order.
2. Maintain no more than one month supply of any vaccine. Do not overstock your fridge.
3. **Submit order form for processing to Vaccine Information Line by email to [vaccineinformationline@york.ca](mailto:vaccineinformationline@york.ca) or fax to 1-866-258-2026.**
4. Orders must include the most current five business days of refrigeration temperature logs.
5. Student eligibility for the vaccines will be reviewed. After the eligibility assessment is completed, a copy of the assessed order form indicating the total number of approved doses will be sent to your office. Denied requests will be indicated with a strikethrough on the dose. Retain a copy of the assessed order form for your records as school vaccines will not be labelled with student names.
6. Please allow a minimum of 5 business days to process your order.
7. Administered doses must be reported to York Region Public Health by e-mail to [immunizations1@york.ca](mailto:immunizations1@york.ca) or fax to 905-895-6066.

### SECTION 2 – HEALTHCARE PROVIDER INFORMATION \*Holding Point Code: YOR\_NW

\*Healthcare provider/Practice name

\*Order date (mm/dd/yyyy)

\*Number of Immunizers

\*Number of fridge(s)

\*Type(s) of fridge:

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 – pick up hours may vary.

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. Administered doses must be reported to York Region Public Health.

\*Print Name

\*Signature

\*Date (mm/dd/yyyy)

**Complete and submit pages 1 to 3**

### ELIGIBILITY CRITERIA FOR SCHOOL VACCINES

#### Publicly Funded Immunization Schedules for Ontario

Vaccine	Eligibility	Doses and Dosing Interval	
Hep-B (Engerix®-B, 20mcg adult formulation or 10mcg pediatric formulation*)	Grades 7–12	<16 years of age at time of 1st <u>or</u> 2nd dose:  <u>2-dose series</u>  1st dose 2nd dose: 6 months after 1st dose  <b>Note:</b> The 2-dose Hep-B series with the 20mcg adult Engerix®-B formulation is licensed for use for children between 11 and 15 years of age	≥16 years of age at time of 1st <u>or</u> 2nd dose:  <u>3-dose series</u>  1st dose 2nd dose: 1 month after 1st dose 3rd dose: 5 months after 2nd dose  <b>*Note:</b> A 3-dose Hep-B series with the 10mcg pediatric Engerix®-B formulation is required for students between 16 and 19 years of age
HPV-9 (Gardasil®-9)	Grades 7–12	<15 years of age at time of 1st dose:  <u>2-dose series</u>  1st dose 2nd dose: 6 months after 1st dose	≥15 years of age at time of 1st dose:  <u>3-dose series</u>  1st dose 2nd dose: 2 months after 1st dose 3rd dose: 4 months after 2nd dose
Men-C-ACYW-135 (Nimenrix®)	Grades 7–12	1 dose Required as outlined in the <a href="#">Immunization of School Pupils Act</a>	

**Starting in May 2022, York Region Public Health community immunization clinics have restarted for immunizations against Hepatitis B, Human Papillomavirus (HPV) and Meningococcal ACYW-135. Please refer your eligible patients to receive these immunizations at YRPH clinics [york.ca/immunizations](http://york.ca/immunizations) whenever possible.**

### SECTION 5 – SCHOOL VACCINE REQUEST

Student Initials* Do not provide full student name	Sex* (M/F)	Date of Birth* (YYYY/MM/DD)	Health Card Number*	Vaccine Requested* Please check (✓) (Only one dose in a multi-dose series will be released at a time.)			Eligibility Reviewed (For office use only)
				Hep B	HPV-9	Men-C-ACYW	
1.							
2.							
3.							
4.							

**FOR OFFICE USE ONLY**

Printed by/date:

Clinical Review and Release Approved by:

**Vaccine Inventory to Complete**

Entered by/date:

Picked by/date:

Sorted by/date:

Packed by/date: