

High-Risk Vaccine Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Recipient of high-risk publicly-funded vaccine must meet the high-risk eligibility criteria(s).
3. Only one to two months of high-risk doses will be released at a time to prevent vaccine wastage.
4. Orders must include the most current five business days of refrigeration temperature logs.
5. Send both pages to avoid delays in processing to **905-830-0578** or vaccineinventory@york.ca
6. Complete orders will be processed in approximately three to four business days.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Healthcare provider/Practice name

*Order date (mm/dd/yyyy)

*Number of immunizer(s)

*Type of practice: General practice Pediatrician Other:

*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

***Pick up location - All office pick up hours are Monday to Friday 8:30 a.m. to 4:30 p.m. except Georgina Office (Monday and Wednesday 12:30 p.m. to 4:00 p.m.)**

Newmarket 520 Cane Parkway Vaughan 9060 Jane Street	Richmond Hill 50 High Tech Road Markham 4261 Highway 7 East	Georgina 24262 Woodbine Avenue
--------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------

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/yy)

Complete and submit pages 1 and 2

SECTION 5 – FORM

Vaccine Product (subject to availability)	Recipient Initials	Date of Birth	Dose # in Series Requested Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria (Check all that apply)
			Dose	Date	
Meningococcal B (Bexsero®)			1		Eligible Age Group: Two months to 17 years Acquired complement deficiencies (e.g., receiving eculizumab) Asplenia (functional or anatomic) Cochlear implant recipients (pre/post implant) Complement, properdin, factor D or primary antibody deficiencies Human Immunodeficiency Virus (HIV)
			2		
			3		
			4		
			4		
Meningococcal C – ACYW-135 (Menactra®)			1		(Note: patients >55 years will be supplied Menactra® in substitution for Menomune®) Acquired complement deficiencies (e.g., receiving eculizumab) Asplenia (functional or anatomic) Cochlear implant recipients (pre/post implant) Complement, properdin, factor D or primary antibody deficiencies Human Immunodeficiency Virus (HIV)
			2		
			3		
			4		
			4		
			Booster		
Human Papillomavirus (HPV) (Gardasil 9®)			1		Eligible Age Group: Nine years to 26 years Eligible Gender: Males only Men who have sex with men (MSM)
			2		
			3		
			3		
Hepatitis A Virus (Avaxim®, Havrix®, Vaqta®)			1		Eligible Age Group: ≥1 year Intravenous drug use Liver disease (chronic), including hepatitis B and C Men who have sex with men (MSM)
			2		
			2		

To order Hepatitis B virus vaccine, please use the High Risk HBV Order Form

FOR OFFICE USE ONLY

Entered by/date:

(RPh)T final check: