Huron Perth Public Health

SCHOOL-BASED Vaccine Order Form

Fax completed form to 519-271-2785 or toll-free to 1-877-271-2785

Name of facility and address:	Physician name:
Date:	Ordered by:
Phone number:	Temperature logs dating back to last order included? Yes ☐

First name: _____

Last name: _____

Date of birth (YYYY/MM/DD)_____ Gender:_____

Vaccine(s) requested:

☐ Human Papillomavirus HPV-9 **Dose #** _____ ☐ Hepatitis B **Dose #** _____ ☐ Meningococcal-C-ACYW

Office use only: Panorama ID: _____ Age at time of request: _____

Record assessed: ☐ HPV _____dose(s) ☐ HB _____dose(s) ☐ Men-C-ACYW

Warning created in Panorama: ☐ Yes Next dose can be administered on or after: _____

First name: _____

Last name: _____

Date of birth (YYYY/MM/DD)_____ Gender:_____

Vaccine(s) requested:

☐ Human Papillomavirus HPV-9 **Dose #**_____ ☐ Hepatitis B **Dose #** _____ ☐ Meningococcal-C-ACYW

Office use only: Panorama ID: _____ Age at time of request: _____

Record assessed: ☐ HPV _____dose(s) ☐ HB _____dose(s) ☐ Men-C-ACYW

Warning created in panorama: ☐ Yes Next dose can be administered on or after: _____

First name: _____

Last name: _____

Date of birth (YYYY/MM/DD)_____ Gender:_____

Vaccine(s) requested:

☐ Human Papillomavirus HPV-9 **Dose #**_____ ☐ Hepatitis B **Dose #** _____ ☐ Meningococcal-C-ACYW

Office use only: Panorama ID: _____ Age at time of request: _____

Record Assessed: ☐ HPV _____dose(s) ☐ HB _____dose(s) ☐ Men-C-ACYW

Warning created in Panorama: ☐ Yes Next dose can be administered on or after: _____

Health unit use only - Panorama req. #	
Date order received:	**Order approved by:**

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Eligibility and Dosing Information for School-Based Vaccines

For more information, refer to the Ontario Publicly Funded Immunization Schedules

HB Hepatitis B (Recombivax/Engerix B)	**Students in Grade 7-12:** • **2 dose series** for ages 11-15 years • If no latex allergy, Recombivax 1.0 ml (0, 4 to 6 months) • If latex allergy**, Engerix B 1.0 ml (0, 6 months) **indicate if needed • **3 dose series** for ages 16-19 years 0.5 ml (0, 1, 6 months)
Men-C-ACYW Meningococcal Conjugate ACYW (Nimenrix/MenQuadfi/Menveo)	**Students in Grade 7-12:** • **One dose** of Men-C-ACYW is required for all students in Grade 7-12 under the Immunization of School Pupils Act (ISPA) or a valid exemption • Men-C-C is **not** the same as Men-C-ACYW • If Men-C-C was previously given, a minimum interval of 28 days is required before Men-C-ACYW can be given
HPV-9 Human Papillomavirus (Gardasil 9)	**Students in Grade 7-12** • **2 dose series** if starting at **age 9-14 years** (0 and 6 months) • **3 dose series** if starting at **age 15-19 years** or immune-compromising conditions (0, 2, 6 months) • Series must be completed by end of Grade 12