

Telephone/Fax Number:

3. History of allergic reaction

A.

Entered into Panaorama $\ \square$

Unable to attend School based clinic
History of previous vaccine reaction

B.

Renfrew County and District Health Unit

4. Medical contraindication for School Based Clinic

E.

Entered into Ministry Statistics

F.

"Optimal Health for All in Renfrew County and District"

Menactra School Based Immunization Program Vaccine Order Form/Release Record Please complete this form and submit to RCDHU each month.

Physician(s) Office/CHC/FHT/ Name - (CHC/FHT- Please order vaccine as CHC or FHT not individual HCP):

Address:

Assign reason number for Health Care Provider Administration for each client in Reason column (if other please explain)

5. Latex allergy

Please complete $A-C \& G \underline{\textit{when ordering}}$ vaccine. Then complete D-F once administered and fax to 613-735-3067 VPD Team.

D.

6. Other:

C.

Client Name	Gender	DOB	ОСН		Lot Nur	nber	Date Given	Reason
Please complete this form as doses are given. Fax the completed form to RCDHU at 613-735-3067 Attn: Clinical Services Department-VPD Team								
FOR RCDHU USE ONLY:								
Health Unit Releasing Vaccine	Vaccine Lot I		Number	Expiry Date		# of Doses Date		e Released
RCDHU	Menactra 657133600							