Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

High Risk Immunization Program Vaccine Order Form/Release Record
Publicly Funded Gardasil (HPV), Hepatitis A, Hepatitis B, Renal Hepatitis B Meningococcal and Pneumococcal Vaccine

Please complete this form and submit to RCDHU with each dose of vaccine ordered and given. Thank-you

Physician(s)Office/CHC/FHT: *(CHC/FHT- Please order vaccine as CHC or FHT not individual HCP):*	
Address:	**Telephone Number:**
Client Name:	**OHC:**
Date of Birth:	**Gender:**

Instructions: **Step One:** Complete 1 when ordering vaccine.

Step Two: Complete 2 – 6 after administration of vaccine and fax the completed form back to RCDHU 613-735-3067 Attn: VPD Team

CLIENT ELIGIBILITY CRITERIA FOR PUBLICLY FUNDED VACCINE

Check reason for Health Care Provider Administration for Gardasil (HPV) Vaccine:

□ Men who have sex with men (MSM) eligible individuals include people who are 26 years of age or younger and identify as gay, bisexual and other MSM including trans people.

Vaccine	1.Vaccine Req'd	2.Dose#	3.Lot Number	4.Expiry Date	5.Date given	6.Given By
Gardasil **657133510**						
RCDHU Released Vaccine						

Check reason for Health Care Provider Administration for Hepatitis A Vaccine:

□ Persons with chronic liver disease (including hepatitis B and C)
□ Men who have sex with men
□ Persons engaging in intravenous drug use

Vaccine	1.Vaccine Req'd	2.Dose#	3.Lot Number	4.Expiry Date	5.Date given	6.Given By
Hepatitis A **657132570**						
RCDHU Released Vaccine						

Client Name:_____ DOB:_____ OCH:_____

Check reason for Health Care Provider Administration for Hepatitis B Vaccine:

☐ Household and sexual contacts of chronic carriers and acute cases

☐ Infants born to HBV+ carrier mother

☐ Children <7 yrs old whose families have immigrated from countries prevalence for hepatitis b and who may be exposed to hepatitis b carriers through their extended families

☐ Persons on renal dialysis and those with diseases requiring frequent receipt of blood products (e.g. haemophilia)(2nd and 3rd dose only)

☐ Persons awaiting liver transplants (second and third doses only)

☐ Men who have sex with men, individuals with multiple sex partners, history of a sexually transmitted disease

☐ Needle stick injury in a non – health care setting

☐ Persons with chronic liver disease including hepatitis C

☐ Injection drug users

Vaccine	1.Vaccine Req'd	2.Dose#	3.Lot Number	4.Expiry Date	5.Date given	6.Given By
Hepatitis B 657132430						
RCDHU Released Vaccine						

Check reason for Health Care Provider Administration for Meningococcal Vaccine:

☐ Functional or anatomic asplenia ☐ Acquired Complement Deficiency

☐ Complement, properdin or factor D deficiency ☐ H.I.V.

☐ Cochlear implant recipients (pre/post implant)

Vaccine	1.Vaccine Req'd	2.Dose#	3.Lot Number	4.Expiry Date	5.Date given	6.Given By
Meningococcal 657133600						
RCDHU Released Vaccine						

Check reason for Health Care Provider Administration for Pneumococcal Vaccine:

☐ Functional or anatomic asplenia

☐ Congenital immunodeficiencies involving any part of the immune system, including B-Lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin or factor D deficiencies), or phagocytic functions (1 dose)

☐ HIV (1 dose)

☐ HSCT recipient (3 doses)

☐ Immunocompromising therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ-transplant therapy, biological and certain anti-rheumatic drugs (1 dose)

☐ Malignant neoplasms including leukemia and lymphoma (1 dose)

☐ Sicle cell disease or other hemoglobinopathies (1 dose)

☐ Solid organ or islet cell transplant (candidate or recipient) (1 dose)

Vaccine	1.Vaccine Req'd	2.Dose#	3.Lot Number	4.Expiry Date	5.Date given	6.Given By
Pneum-C-13 657122025						
RCDHU Released Vaccine						