

## High-Risk Vaccines Order Form

### SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (\*) to request vaccine(s) for an eligible individual who meets high risk eligibility criteria according to the [Publicly Funded Schedules for Ontario](#). Provide administration date(s) of previous dose(s) already received when ordering a subsequent dose in a multi-dose series. Missing information will result in delays to your order.
2. Include the most current five business days of refrigerator temperature logs.
3. Email all pages to [VaccineInventory@york.ca](mailto:VaccineInventory@york.ca) or fax to **905-830-0578**.  
Note: Eligibility for the requested vaccine(s) will be reviewed by York Region Public Health (YRPH).  
Two doses in a multi-dose series may be released at a time if they can be administered following a one month interval.
4. Pick up your order once you receive a notification from YRPH by telephone call or e-mail.

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

\*Healthcare provider/Practice name

\*Order date (mm/dd/yyyy)

\*Number of Immunizer(s)

\*Type of practice      General practice      Pediatrician      Other

\*Number of refrigerator(s)      \*Type(s) of refrigerator:      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. Our office hours are 8:30a.m. to 4:30p.m., Monday to Friday at all locations.

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 MOH 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 YRPH 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/yyyy)

**Complete and submit pages 1 to 3**

## SECTION 5 – HIGH RISK VACCINE(S) REQUEST

Vaccine	Client Initials	Date of Birth	Requested Dose in Multi-Dose Series Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria
Men-B (Bexsero®)			Dose	Date	Publicly Funded Age Group: 2 months to 17 years, and Select [✓] Acquired complement deficiencies (eg., receiving eculizumab) Asplenia (functional or anatomic) Cochlear implant recipients (pre/post implant) Complement, properdin, factor D or primary antibody deficiencies Human Immunodeficiency Virus (HIV)  For reason not listed above, call 1-877-464-9675 ext. 74033
			Number of Eligible Doses: 2 to 4 doses, depending on the client's age at first dose		
			1		
			2		
			3		
4					
Men-C-ACYW-135 (Nimenrix®, Menactra®)  Note: The available publicly funded Men-C-ACYW vaccines supplied are indicated for individuals up to 55 years of age. Therefore, administration of these vaccines to individuals 56 years of age and older is off-label and clinical judgement is advised.			Dose	Date	Publicly Funded Age Group: ≥9 months, and Select [✓] Acquired complement deficiencies (eg., receiving eculizumab) Asplenia (functional or anatomic) Cochlear implant recipients (pre/post implant) Complement, properdin, factor D or primary antibody deficiencies Human Immunodeficiency Virus (HIV)  For reason not listed above, call 1-877-464-9675 ext. 74033
			Number of Eligible Doses: 1 to 4 doses + boosters, depending on the client's age at first dose		
			1		
			2		
			3		
4					
HPV-9 (Gardasil 9®)			Dose	Date	Publicly Funded Age Group: 9 to 26 years, and Select [✓] Men who have sex with men (MSM)  For reason not listed above, call 1-877-464-9675 ext. 74033
			Number of Eligible Doses: 2 to 3 doses, depending on the client's age at first dose		
			1		
			2		
			3		
Hep A (Avaxim®, Havrix®, Vaqta®)			Dose	Date	Publicly Funded Age Group: ≥1 year, and Select [✓] Intravenous drug use Liver disease (chronic), including hepatitis B and C Men who have sex with men  For reason not listed above, call 1-877-464-9675 ext. 74033
			Number of Eligible Doses: 2 doses		
			1		
2					

## SECTION 5 - HIGH RISK VACCINE(S) REQUEST CONTINUED

Vaccine	Client Initials	Date of Birth	Requested Dose in Multi-Dose Series Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria
Hib (Act-Hib®, Hiberix®)			Dose	Date	Publicly Funded Age Group: ≥ 5 years, and <b>Select [✓]</b> Asplenia (functional or anatomic) (1 dose) Bone marrow or solid organ transplant recipients (1 dose) Cochlear implant recipients (pre/post implant) (1 dose) Hematopoietic stem cell transplant (HSCT) recipients (3 doses) Immunocompromised individuals related to disease or therapy (1 dose) Lung transplant recipients (1 dose) Primary antibody deficiencies (1 dose)  For reason not listed above, call 1-877-464-9675 ext. 74033
			Number of Eligible Doses: 1 or 3 doses, depending on the clinical eligibility criteria		
			1		
			2		
			3		
IPV (Imovax Polio®)			Dose	Date	Publicly Funded Age Group: ≥ 18 years, and <b>Select [✓]</b> Travelers who have completed their immunization series against polio and are travelling to areas where polio virus is known or suspected to be circulating  For reason not listed above, call 1-877-464-9675 ext. 74033
			Number of Eligible Doses: 1 lifetime booster dose		

Refer to the [Publicly Funded Immunization Schedules for Ontario](#) for details regarding high risk eligibility, number of eligible doses and minimum/recommended dosing intervals.

To order Hepatitis B (Hep B) vaccine for eligible high risk individuals, use the High Risk Hepatitis B Vaccine Order Form.

## (OPTIONAL) NOTES ON VACCINE ORDER

## FOR OFFICE USE ONLY

Printed by/date:	<input type="text"/>	Picked by/date:	<input type="text"/>
Entered by/date:	<input type="text"/>	Packed by/date:	<input type="text"/>
Sorted by/date:	<input type="text"/>	Audited by/date:	<input type="text"/>