

Special Release School-Based Vaccines Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) to request school-based vaccines for eligible students – 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 or fax to 905-830-0578.**
 Note: Student eligibility for the requested vaccines will be reviewed by York Region Public Health (YRPH) according to the [Publicly Funded Schedules for Ontario](#). Only one dose in a multi-dose series may be released at a time.
4. Review the marked version of your order form sent by YRPH and retain for your records.
5. Pick up your order once you receive a notification from YRPH by telephone call or e-mail. Reconcile the received doses against the marked order form. The school vaccines included in your order will not be labeled with student names or initials.
6. Remind students to report immunizations received to [YRPH/Immunization Connect Ontario](#).

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 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/yyyy)

Complete and submit pages 1 to 3

SECTION 5 – SCHOOL-BASED VACCINES REQUEST

Student Initials* (First initial, Last initial)	Sex* (M/F)	Date of Birth* (YYYY/MM/DD)	Health Card Number*	Vaccine(s) Requested* Please check (✓)		
1.				Hep B	HPV-9	Men-C-ACYW
2.				Hep B	HPV-9	Men-C-ACYW
3.				Hep B	HPV-9	Men-C-ACYW
4.				Hep B	HPV-9	Men-C-ACYW
5.				Hep B	HPV-9	Men-C-ACYW
6.				Hep B	HPV-9	Men-C-ACYW

The information entered into this form is collected under the authority of the Immunization of School Pupils Act (ISPA) R.S.O. 1990 and protected in accordance with the Personal Health Information Protection Act (PHIPA), 2024. The information will be used to verify client eligibility for requested school vaccines. For any questions or concerns regarding the collection and use of this information, please contact vaccineinventory@york.ca or 1-877-464-9675 ext. 74033.

LEGEND FOR NON-APPROVED DOSES

- | | |
|--|--|
| <ul style="list-style-type: none"> A Client not in eligible age/grade cohort. B No immunization record profile for student. Send immunization records to imms1@york.ca then re-submit request after 5 business days. C Grade 7 vaccine series already completed. No further doses required. D Dose requested too early. Observe recommended dosing interval from previous dose and re-submit request at the appropriate time. | <ul style="list-style-type: none"> E Hep B vaccine series already completed prior to Grade 7. Discuss with student and re-submit request once informed consent is obtained. F Dose has been previously released to complete the series. No further doses required. Report administration to imms1@york.ca. G Administration data for previously released dose is required for eligibility review. Report administration to imms1@york.ca then re-submit request after 5 business days. H Duplicate order. Requested dose has been recently released. |
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Printing Instructions: Select the "Document and Markups" option from the "Comments & Forms" drop-down menu so that the reviewer's comments are visible on the printout.

(OPTIONAL) NOTES ON VACCINE ORDER

FOR OFFICE USE ONLY

Eligibility Review by/date:

Picked by/date:

Entered by/date:

Packed by/date:

Sorted by/date:

Audited by/date:

	Hep B (pediatric)	Hep B (adult)	HPV-9	Men-C-ACYW
Total doses approved by YRPH				
Total doses requested by HCP				