

School Vaccine Order Form



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Name of Client:		Date of Birth: YYYY / MM / DD	Age:
Gender:	Ontario Health Card Number:	Name of School:	Grade:
Health Care Practitioner Name (HCP):		HCP Phone Number:	
		HCP Fax Number:	
Facility Name:	HCP and/or Designate Signature:		
Date of Request: YYYY / MM / DD			
Date of scheduled appointment: YYYY / MM / DD			

***For each vaccine being requested, please check all criteria(s) that apply for this client:**

Human Papillomavirus Vaccine Criteria (Gardasil 9 – 1 x 0.5 ml)

☐ Students in grades 7 through 12

Please note:

- Students who are < 15 when they receive their first dose, follow a **two dose schedule**
- Students who are ≥ 15 when they receive their first dose, follow a **three dose schedule**
- For those born in 2002 & 2003, only female students are eligible.

Dose being requested: ☐ Dose 1 ☐ Dose 2 ☐ Dose 3

Date previous doses administered: Dose 1:
YYYY / MM / DD Dose 2:
YYYY / MM / DD

Meningococcal Vaccine Criteria (Nimenrix or Menactra – 1 x 0.5 ml)

☐ Students must be registered and attending school in grades 7 through 12.

☐ Individuals born in or after 1997

Hepatitis B Vaccine Criteria (Engerix B – 1ml x 2 or Pediatric HB 0.5ml x 3)

☐ Students in grades 7 through 12

Please note:

- Students who are 11-15 are to follow a **two dose schedule using 1ml dose**
- Students who are ≥ 16 are to follow a **three dose schedule using 0.5ml pediatric dose**
 - If a student received a 1ml dose, complete series according to age schedule.

Dose being requested: ☐ Dose 1 ☐ Dose 2 ☐ Dose 3 (if ≥ 16)

Date previous doses administered: Dose 1
YYYY / MM / DD Dose 2 (if ≥ 16)
YYYY / MM / DD

Once the vaccine is administered complete and fax this form immediately to Northeastern Public Health at: 705-360-7308

Vaccine Administration

Date Administered: YYYY / MM / DD	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:
Date Administered: YYYY / MM / DD	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:
Date Administered: YYYY / MM / DD	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:

Adverse Event Following Immunization (AEFI): Remember to report any AEFI's to Northeastern Public Health.