



## School Vaccine Order Form

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

<b>Vaccine Administration</b>			
<b>Date Administered:</b> YYYY / MM / DD	<b>Site Administered:</b>	<b>Type of Vaccine:</b>	<b>Lot #</b>
			<b>Expiry Date:</b>
<b>Date Administered:</b> YYYY / MM / DD	<b>Site Administered:</b>	<b>Type of Vaccine:</b>	<b>Lot #</b>
			<b>Expiry Date:</b>
<b>Date Administered:</b> YYYY / MM / DD	<b>Site Administered:</b>	<b>Type of Vaccine:</b>	<b>Lot #</b>
			<b>Expiry Date:</b>

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