

SECTION 5 – REQUEST

Vaccine Product (subject to availability)	Recipient Initials	Date of Birth	Dose # in Series Requested Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria (Check all that apply)
			Dose	Date	
Meningococcal B (Bexsero®)			Dose	Date	Eligibility Age Group: 2 months to 17 years (2 to 4 doses, depending on the age at the time of the 1st dose) Acquired complement deficiencies (e.g., 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, please call 1-877-464-9675 ext. 74033
			1		
			2		
			3		
			4		
Meningococcal C – ACYW-135 (Nimenrix®, Menactra®) For special release of school-based dose, please call 1-877-464-9675 ext. 73452			Dose	Date	Eligible Age Group: 9 months and older (1 to 4 doses, depending on the age at the time of the 1st dose) Note: individuals > 55 years will be supplied Nimenrix®/Menactra® in substitution of Menomune®. Acquired complement deficiencies (e.g., 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, please call 1-877-464-9675 ext. 74033
			1		
			2		
			3		
			Booster		
Human Papillomavirus (HPV) (Gardasil 9®) For special release of school-based dose, please call 1-877-464-9675 ext. 73452			Dose	Date	Eligible Age Group: 9 to 26 years Eligible Gender: Male (3 doses) Men who have sex with men (MSM) For reason not listed above, please call 1-877-464-9675 ext. 74033
			1		
			2		
3					
Hepatitis A Virus (Avaxim®, Havrix®, Vaqta®)			Dose	Date	Eligible Age Group: ≥1 year (2 doses) Intravenous drug use Liver disease (chronic), including hepatitis B and C Men who have sex with men (MSM) For reason not listed above, please call 1-877-464-9675 ext. 74033
			1		
			2		

SECTION 5 – REQUEST CONTINUED

Vaccine Product (subject to availability)	Recipient Initials	Date of Birth	Dose # in Series Requested Date ordered (mm/dd/yy)		High-Risk Eligibility Criteria (Check all that apply)
			Dose	Date	
Haemophilus influenzae type b (Hiberix®) (Act-Hib®)			1		Eligible Age Group: ≥ 5 years 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, please call 1-877-464-9675 ext. 74033
			2		
			3		
Polio (Imovax Polio®)			Dose	Date	Eligible Age Group: ≥ 18 years (1 adult lifetime booster dose) 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, please call 1-877-464-9675 ext. 74033
			Booster		

Please refer to the [Ontario Publicly Funded Immunization Schedules](#) for further details regarding eligibility and recommended dosing intervals.

To order Hepatitis B Virus (HBV) vaccine, please use the High Risk Hepatitis B Virus (HBV) Vaccine Order Form.

FOR OFFICE USE ONLY

Printed by/date:

Picked by/date:

Entered by/date:

Packed by/date:

Sorted by/date:

Audited by/date: