

# Hepatitis B "Under 7 yrs Old" Vaccine Order Form

**(DO NOT USE THIS FORM FOR CONTACTS OF CARRIERS)**

Order Date (YYYY/MM/DD) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Vaccine Pickup Location
<input type="checkbox"/> Central – 44 Peel Centre, Brampton
<input type="checkbox"/> Fairview – 325 Central Pkway. W. Unit 21, Mississauga
<input type="checkbox"/> Malton – 7330 Goreway Drive, Mississauga
<input type="checkbox"/> Meadowvale – 6975 Meadowvale Town Centre Circle, Mississauga
<input type="checkbox"/> South Millway – 2227 South Millway, Mississauga

**PLEASE REFAX THIS FORM IN 6 MONTHS FOR 3<sup>RD</sup> DOSE**

**Accurate temperature log(s) from date of last vaccine order attached**

Contact Name Last Name, First Name	Birth Date YYYY/MM/DD	Sex	Address	Phone #	Country of Origin	<input checked="" type="checkbox"/> Order for 1 <sup>st</sup> & 2 <sup>nd</sup> Dose	<input checked="" type="checkbox"/> Order for 3 <sup>rd</sup> Dose

<b>For Office Use Only</b>							
Assigned PHN _____			1 <sup>st</sup> & 2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose		B	K
Comments _____		Lot #					
_____		Exp. Date					
_____		Date Sent					
					Temperature logs reviewed by _____		
					Vaccine order packed by _____		

Fax Completed Form to Peel Public Health (905) 793-4858

**Notice With Respect to the Collection of Personal Information**

This information is being collected pursuant to the Health Protection and Promotion Act R.S.O. 1990 c. H. 7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56, and the Personal Health Information Protection Act 2004 S.O. 2004, c. 3. This information will be used by the Medical Officer of Health to process vaccine orders at the Region of Peel and for administrative purposes and/or for use in program evaluation. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 44 Peel Centre Drive, Brampton, Ontario, L6T 4B5, (905)791-7800.