

Physician _____ Telephone Number _____ Contact Person _____
 Address _____ Vaccine Pick-Up Location Central Fairview Malton Meadowvale
 _____ Davis Centre South Millway (Hepatitis B orders will be processed in 5 business days)

For Office Use Only

Case ID # _____

Case / Carrier _____ D.O.B. _____ Sex _____
Last Name First Name (YYYY/MM/DD)
 Address _____ City _____ Postal code _____
 Telephone Number _____

Recent (<1 year) negative serology for Hepatitis B surface antigen (HBsAg) attached.

Contact Name Last Name, First Name	Birth Date			Sex	Additional Eligibility Criteria (Risk Group) *Please check off applicable box								
	Yr.	Mo.	Day		Household Contact	Neonatal	Multiple Partners	Hep C	IV Drug Use	Needle Stick	Methadone User	Renal 40 ug/ml	Other

By submitting this order, I _____ verify on behalf of the practice that the fridge storing publicly funded vaccines, at the location listed above, maintains cold chain temperatures (between +2.0°C to +8.0°C), and meets MOHLTC Vaccine Storage and Handling Guidelines. I understand that we may be required to provide accurate temperature logs upon request and that Temperature Logs must be kept on-site for a minimum of 3 years.

Signature _____ Date _____

For Office Use Only	<input type="checkbox"/> Recombivax HB® [MK] # of Dose(s) _____ Lot # _____ Expiry Date _____				
	<input type="checkbox"/> Engerix B® [GSK] # of Dose(s) _____ Lot # _____ Expiry Date _____				
Order Date _____	<input type="checkbox"/> _____ # of Dose(s) _____ Lot # _____ Expiry Date _____				
Order Taken By _____					
Assigned PHN _____					
Comments _____					
	<table border="1"> <tr><td>B</td><td>K</td></tr> <tr><td> </td><td> </td></tr> </table>	B	K		
B	K				
	<table border="1"> <tr><td>Vaccine order packed by _____</td></tr> <tr><td>Date Sent _____</td></tr> </table>	Vaccine order packed by _____	Date Sent _____		
Vaccine order packed by _____					
Date Sent _____					

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.