## **Hepatitis A Vaccine Requisition**

ent	Last Name	First Name		D.O.B YYYY/MM/DD	☐ Male	For Region of Peel Use Only Case ID #
Client Information	Address		City	Postal Code Phone No		Phone Number
Eligibility	Please check applicable box  Chronic Liver Disease (CLD) including Hep B and C Intravenous Drug User (IDU)  Men who have sex with men (MSM) Post-Exposure Prophylaxis (PEP) Household and sexual contacts of acute cases of Hepatitis A					
Physician Information	Holding Point Code Physician/Practice Name					
	Address	(	City		Postal Code	
	Phone Number Contact Person					
Pick-up Locations	Pick-Up Locations (click here for maps and hours)  Hepatitis A Vaccine Orders will be processed in 5 business days.					
	☐ Vaccine Delivery Registered participants ONLY. Refer to delivery schedule. ☐ Fairview					
	Requested delivery date Hurontario					
	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), meets MOHLTC Vaccine Storage and Handling Guidelines and maximum, minimum and current temperatures have been recorded twice daily. 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				
Vaccine Information r Region of Peel Office Use Only	# Adult Doses	# Paed Doses				☐ Havrix® [GSK] ☐ Vaqta® [MF]
	Order Taken By	Lot No.	E	xpiry Date	/MM/DD	Other
	Order Date  YYYY/MM/DD	Date Sei	nt			
	Assigned PHN Comments:					
For R	Vaccine order packed by:					