

Order Information				
Order Date	HP Code # RMP_MS_ (this is the five digit HP Code # found on your packing slip)		Office Contact Name	
Physician/Practice Name		Address		
City	Prov.	Postal Code	Telephone Number	Fax Number

Pick-Up Locations (click here for maps and hours)		High Risk Meningococcal Vaccine Orders will be processed in 5 business days.	
<input type="checkbox"/> Vaccine Delivery Registered participants ONLY. Refer to delivery schedule. Requested delivery date _____	<input type="checkbox"/> Fairview <input type="checkbox"/> Hurontario		

High Risk Meningococcal Vaccine Eligibility as per the January 2021 - [Publicly Funded Immunization Schedules for Ontario.](#)
Please note that children may be eligible for both Nimenrix® and Bexsero®.

Recipient Initials	Date of Birth (YYYY/MM/DD)	Gender	High Risk Eligibility Criteria (Select all that apply)	Vaccine(s) Requested (Select all that apply)	# of Doses Required (Note that only 1-2 months of doses will be released at a time)
		<input type="checkbox"/> M or <input type="checkbox"/> F	<input type="checkbox"/> Functional or anatomic asplenia (i.e. Sickle Cell) <input type="checkbox"/> Complement, properdin or factor D deficiency <input type="checkbox"/> Cochlear implant recipients (pre/post implants) <input type="checkbox"/> Acquired complement deficiency <input type="checkbox"/> HIV <input type="checkbox"/> High risk contact (call 905-791-7800 x 2400 to order) <input type="checkbox"/> Outbreak (call 905-791-7800 x 2400 to order)	<input type="checkbox"/> Bexsero® 4CMenB 2 months to 17 years <input type="checkbox"/> Nimenrix® Men-C-ACYW-135 9 months to 55 years <input type="checkbox"/> Booster Only <input type="checkbox"/> Menomune® (Product is currently unavailable and will be substituted.) Men-P-ACYW over 56 years	

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 _____

Please fax completed form to the Vaccine Management and Physician Information program at Fax 905-565-9874

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 Peel Public Health for the purposes of the administration and evaluation of the Communicable Disease Investigations and Vaccine Management and Physician Information programs. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street P.O. Box 630 RPO Streetsville Mississauga, ON L5M 2C1. 905-799-7000.

For Region of Peel Office Use Only

Order Date _____

Approved

Not Approved

Order Taken By _____
(Print Full Name)

Comments

Signature _____

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