



Hepatitis B Vaccine Requisition

Hepatitis B Contacts and Hepatitis C Cases Only

For Region of Peel Office Use Only

Case ID # _____

Requisition ID # _____

Fax completed form to 289-901-0184

***** PLEASE ENSURE ALL REQUIRED SECTIONS ARE COMPLETE IN ORDER TO RECEIVE VACCINE*****

SECTION A PATIENT/CLIENT INFORMATION (Person requiring the vaccine)

Contact(s) Last Name, First Name	Date of Birth (yyyy-mm-dd)	Gender	Allergy to Latex Y/N	Select all dose(s) required to complete the series✓			
				1st	2nd	3rd/Final	Booster
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B VACCINE ELIGIBILITY – Please check all that apply

*For the above client(s) to qualify for a vaccine at least one of the criteria below must be met. See alternative eligibility criteria [link](#)

<input type="checkbox"/> Neonate of Hep B Case/Carrier 1. Did the baby get the first doses at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Was the baby under 2000gms at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Please complete section c for vaccine approval.	<input type="checkbox"/> Contact(s) of Hepatitis B Case/Carrier 1. Please complete Section C for vaccine approval.	<input type="checkbox"/> Hepatitis C Case 1. Section C not required. 2. Contacts of Hepatitis C cases do not qualify for Hepatitis B vaccine under this criterion. See other high-risk forms for eligibility.
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SECTION C HEPATITIS B CASE/CARRIER INFORMATION (Person diagnosed with Hepatitis B) *Please complete this section for neonates and/or contacts of Hepatitis B case only

Case. Last Name, First Name		Date of Birth (yyyy-mm-dd)			Gender
Address	City	Province	Postal Code	Phone	

SECTION D PHYSICIAN INFORMATION & DELIVERY OR PICK-UP PREFERENCE

Holding Point Code RMP_MS_	Physician/Practice Name				
Address	City	Province	Postal Code	Phone	
Fax Number	Office Contact		Email Address		

Paid Delivery or Pick-Up Preference – Please select one ONLY Please allow 5 business days to process high risk orders

<input type="checkbox"/> Paid vaccine delivery (must be a registered participant) refer to delivery schedule Requested delivery date (YYYY/MM/DD): _____	<input type="checkbox"/> Hurontario – 7120 Hurontario Street, Mississauga <input type="checkbox"/> Brampton - 10 Peel Centre Drive, Brampton <input type="checkbox"/> Fairview - 325 Central Parkway West, Unit 21, Mississauga
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SECTION E**ACCOUNTABILITY STATEMENT – Must be completed to process this request**

By submitting this order, I _____ verify on behalf of the practice that the fridge storing publicly funded vaccine, at the location listed above, maintains cold chain temperatures (between +2.0 C to +8.0 C), meets MOHLTC Vaccine Storage & 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 three (3) years.

SIGNATURE _____

DATE (yyyy-mm-dd) _____

Region of Peel Office Use Only APPROVED NOT APPROVED

Date: _____

Assigned PHN: _____

Comments: _____

Notice with Respect to the Collection of Personal Health 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, the Personal Health Information Protection Act 2004 S.O. 2004 c.3. This information will be used by Peel Public Health for the provision or assisting in the provision of health care including health promotion, planning and delivery of health programs/services, teaching, providing supportive counselling, establishing interventions and service coordination. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street, P.O. Box 667, RPO Streetsville, Mississauga, ON, L5M 2C2. 905-799-7700