

SCHOOL BASED VACCINE REQUEST

FAX TO: 519-823-4903

1-800-265-7293

Vaccine Order Inquiries Ext. 4170

General Immunization Information Ext. 4744

Public Health offers Hepatitis B, Menactra, and HPV vaccinations in the school setting. However, some students are not able to receive the vaccine at school. In special circumstances, Public Health can release these vaccines to physicians **one dose at a time**.

Please complete this form for each dose of vaccine. Fax it to Public Health one week prior to the student's appointment.

Physician's name: _____

Phone number: _____

Student's name: _____

Date of birth: _____

Phone number: _____

School: _____

Vaccine Requested

Check the type of vaccine and dose number in series.

Human Papillomavirus Vaccine Dose #1 Dose #2 Dose#3

Hepatitis B (Recombivax) Dose #1 Dose #2

Menactra Dose #1

Reason vaccine will be administered at physician's office:

Check all that apply.

Student is/has:

- Had a previous adverse reaction to a vaccine
- Allergic to a component in vaccine
- Allergy to latex
- Uncontrolled seizure disorder or new or undiagnosed neurological disorder
- Severe disruptive behavioral problems or disability
- Other _____

Public Health Use Only:

Date Filled: _____

Name of Vaccine: _____

Lot #: _____

Expiry date: _____

Name of Vaccine: _____

Lot #: _____

Expiry date: _____

