

Vaccine Release Requisition Form for School Based Publicly Funded Vaccine

Name of Client:		Date of Birth: <i>YYYY / MM / DD</i>	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ontario Health Card Number:	Name of School:	Grade:
Health Care Practitioner Name (HCP):		HCP Phone Number:	
		HCP Fax Number:	
Facility Name:	HCP and/or Designate Signature:		
Date of Request: <i>YYYY / MM / DD</i>			
Date of scheduled appointment: <i>YYYY / MM / DD</i>			

***For each vaccine being requested, please check all criteria(s) that apply for this client:**

Human Papillomavirus Vaccine Criteria (Gardasil 9 – 1 x 0.5 ml)

- Students in grades 7 through 12
 Students born in 2006, 2007, or 2008 (eligible until August 2023)

Please note:

- Students who are < 15 when they receive their first dose, follow a **two dose schedule**
- Students who are ≥ 15 when they receive their first dose, follow a **three dose schedule**

Dose being requested: Dose 1 Dose 2 Dose 3

Date previous doses administered: Dose 1: *YYYY / MM / DD* **Dose 2:** *YYYY / MM / DD*

Meningococcal Vaccine Criteria (Nimenrix – 1 x 0.5 ml)

- Students must be registered and attending school in grades 7 through 12.
 Individuals born in or after 1997

Hepatitis B Vaccine Criteria (Engerix B – 1ml x 2 or Pediatric HB 0.5ml x 3)

- Students in grades 7 through 12
 Students born in 2006, 2007, or 2008 (eligible until August 2023)

Please note:

- Students who are 11-15 are to follow a **two dose schedule using 1ml dose**
- Students who are ≥ 16 are to follow a **three dose schedule using 0.5ml pediatric dose**
 - If a student received a 1ml dose, complete series according to age schedule.

Dose being requested: Dose 1 Dose 2 Dose 3 (if ≥ 16)

Date previous doses administered: Dose 1 *YYYY / MM / DD* **Dose 2 (if ≥ 16)** *YYYY / MM / DD*

Please note, you must complete and fax this form immediately to the Porcupine Health Unit in Timmins at 705-360-7308 once the vaccine is administered. (You will receive a copy of this form with the vaccine for you to fax.)

Vaccine Administration

Date Administered: <i>YYYY / MM / DD</i>	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:
Date Administered: <i>YYYY / MM / DD</i>	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:
Date Administered: <i>YYYY / MM / DD</i>	Site Administered:	Type of Vaccine:	Lot #
			Expiry Date:

Adverse Event Following Immunization (AEFI): Remember to report any AEFI's to the Porcupine Health Unit

IMPORTANT NOTICE

Hepatitis B Special Release Doses

As of the 2022-2023 school year, the eligibility period for the hepatitis B publicly funded school-based (grade 7) immunization program will be expanded until the end of grade 12 to allow students to complete their hepatitis B immunization series.

You are receiving these doses as a 'special release' to administer to your eligible patients (i.e., students from grade 7 to 12) as part of the publicly funded school-based immunization program.

Please refer to the table below for the hepatitis B (i.e., Recombivax[®] or Engerix[®]) schedule depending on age of your patient at presentation and previous doses received.

Age	Vaccine	mL	Complete Series ^a	
			Doses	Interval
Routine – no doses received				
11 to < 16 years	Hepatitis B (adult)	1.0	2 doses	Dose 1: 0 Dose 2: 4 to 6 months after 1 st dose ^b
16 to < 19 years	Hepatitis B (paediatric)	0.5	3 doses	Dose 1: 0 Dose 2: 1 month after 1 st dose Dose 3: 5 months after 2 nd dose
Catch-up – one dose (hepatitis B 1.0 mL) received 11 to <16 years AND is now 16 years of age or older				
16 to < 19 years	Hepatitis B (paediatric)	0.5	2 doses	Dose 2: 1 month after 1 st dose Dose 3: 5 months after 2 nd dose

^a All doses need to be administered by the end of grade 12.

^b Depending on vaccine used for first dose, see Table 6 in the [Publicly Funded Schedules for Ontario](#)