

Request form for School Based Vaccines

Hep B, HPV-9, Meningococcal-ACYW135

Please order the **REQUIRED DOSE ONLY**.

Physician's Name/Address:
Clinic Name:
Phone number:

Vaccines to be released (Required dose only)

Vaccine	Doses on hand	Doses requested
Hepatitis B (grade 7 – 12 students) 1 x 1 ml vial (1 dose per pkg)- Authorized for students aged 11-15 completing a two dose 1.0mL series 1 x 0.5 ml vial (1 dose per pkg)		
HPV-9 (grade 7 – 12 students) <input type="checkbox"/> 1 x 0.5 ml vial (1 dose per pkg) <input type="checkbox"/> 10 x 0.5 ml vials (10 doses per pkg)		
Men C – ACYW – 135 (grade 7 – 12 students/born in or after 1997) <input type="checkbox"/> 1 x 0.5 ml vial (1 dose per pkg) <input type="checkbox"/> 10 x 0.5 ml vials (10 doses per pkg)		

Reporting form for School Based Vaccines

Hep B, HPV-9, Meningococcal-ACYW135

Please complete below and fax to 613-580-2783.

Physician's Name/Address:

<p>Physician's Name/Address:</p>

Name of Patient	Date given	Vaccine	Lot #