



## Request Form for High Risk Hepatitis A or Hepatitis B Vaccine

### Vaccine being requested:

Description	Supply (in doses)	Dose Requested
Ministry Hepatitis A – MUST meet criteria below*	Paediatric	
	Adult	
Ministry Hepatitis B – MUST meet criteria below*	Paediatric	
	Adult	

**\*Please check all criteria(s) that apply for this client:**

**Hepatitis A Vaccine High-Risk Criteria**

- Chronic liver disease (including Hepatitis B and C)
- Persons engaging in intravenous drug use
- Men who have sex with men

**Hepatitis B Vaccine High-Risk Criteria**

- Infant born to HBV-positive carrier mothers (first dose given in hospital)
- Household or sexual contact of chronic carrier or acute cases
- Individual engaging in intravenous drug use
- Men who have sex with men, individual with multiple sex partners, or history of a sexually transmitted disease
- Needle stick injury in a non-health care setting
- Child <7 years old whose family has immigrated from country of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended family
- Chronic liver disease including hepatitis C
- Renal dialysis (second and third doses only) or disease requiring frequent receipt of blood products (e.g., haemophilia)
- Awaiting liver transplant

Client File Number: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Male:  Female:

Dose being requested:    Dose 1:     Dose 2:     Dose 3:

Date previous doses given (yyyy/mm/dd): Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_

\*Date of scheduled appointment (order will not be filled if the appointment date is not provided)  
(yyyy/mm/dd): \_\_\_\_\_

Name of HCP: \_\_\_\_\_ Date of Request (yyyy/mm/dd): \_\_\_\_\_

HCP address: \_\_\_\_\_

Please return by Fax (613-580-2783) or email ([vaccine@ottawa.ca](mailto:vaccine@ottawa.ca))

**For Vaccine Room Use ONLY**

Date order filled: \_\_\_\_\_

Vaccine: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Filled by: \_\_\_\_\_