

## Request form for School Based Vaccines

### Hep B, HPV-9, Meningococcal-ACYW135

**Please order the REQUIRED DOSE ONLY. DO NOT ORDER subsequent doses as this is a temporary ordering process during COVID-19.**

<b>Physician's Name/Address:</b>
<b>Clinic Name:</b>
<b>Phone number:</b>

#### Vaccines to be released (Required dose only)

Vaccine	Doses on hand	Doses requested
<b>Hepatitis B (grade 7 and 8 students only)</b> (1 ml/dose)  <input type="checkbox"/> 1 x 1 ml vial (1 dose per pkg)		
<b>HPV-9 grade 7 – 12 girls and grade 7 to 11 boys for 2020-2021 school year who are starting new series or have already received 1 dose of HPV9</b>  <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)		
<b>Men C – ACYW – 135 (grade 7 – 12 students)</b>  <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.

<b>Physician's Name/Address:</b>
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Name of Patient	Date given	Vaccine	Lot #