

Health Care Provider Vaccine Order Form

This form must be used when ordering vaccines for clients who meet the High Risk eligibility criteria, but the vaccine cannot be ordered through the online ordering system. This also includes clients for whom vaccination is recommended as part of case and contact management.

All other vaccine orders must be placed through the [online ordering system](#).

Please complete this form and send with **30 days of temperature logs** (up to and including today) to Vaccination Services:

- Monday to Friday 8:30 am – 4:30 pm: Fax completed form to 905-465-3403 and note, “Attn: Public Health Pharmacists”
- After hours or during holidays (for PrEP vaccines only): Call 311 and ask for the Immunization Services After Hours Standby Team

FACILITY INFORMATION	
Requisition Date (YYYY-MM-DD):	How would you like to receive your order? <input type="checkbox"/> Vaccine delivery (only available for facilities that have an account set-up with Critical Path or Dynacare) <input type="checkbox"/> Vaccine pick-up Note: Unless urgent (e.g. administered for PrEP purposes) your order will be processed according to your regular vaccine delivery schedule.
Facility Name:	Holding Point Code: HAL_OK_
Contact Name:	<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Office Manager <input type="checkbox"/> Receptionist <input type="checkbox"/> Other:
Email Address:	Phone Number:
Facility Address:	

PATIENT INFORMATION

First Name:

Last Name:

Date of Birth (YYYY-MM-DD):

Address

VACCINE REQUEST

Name of Vaccine Requested:

Reason (i.e. eligibility criteria):

Dose # (e.g. dose 1 of 2):

Date of previous doses administered (if applicable):

NEXT STEPS

Ensure client has been screened for contraindications and precautions prior to administering vaccine.
If you have questions related to specific contraindications and precautions, please contact 311 and ask to speak to Immunization Services.

MPOX vaccine doses are required to be tracked by the Ministry of Health. If requesting MPOX vaccine, please keep this form and complete the section below following administration/wastage.

***Complete only for MPOX Vaccine AFTER administration and fax to 905-465-3403**

Dose Administered

Vaccine: Imvamune®

Date administered:

Time administered:

Lot #:

Expiry date:

Injection Site:

Vaccine dose (mL):

Initials of staff who administered:

Dose wasted

Vaccine: Imvamune®

Date wasted:

Time wasted:

Lot #:

Expiry date:

Reason for wastage:

Initials of staff: