

Hepatitis B Vaccine Requisition

For Region of Peel Office Use Only	
Case ID #	_____
Requisition ID #	_____

Case/Carrier name (Last, First) (If not applicable, continue to Contact Name)				Date of Birth (YYYY/MM/DD)	
Gender	Address				
City	Prov.	Postal Code	Telephone		

RISK GROUP (check all that apply)														
Contact Name / High Risk Patient Name Last Name, First Name	Date of Birth (YYYY/MM/DD)	Gender	Allergy to latex (Y/N)	Contact of Case/ Carrier of Hep B	Neonate of Hep B Carrier	Hep C	MSM	Multiple Sexual Partners or STI	Body Fluid Exposure (needle stick, human bite)	Blood Recipient/ Dialysis	Injection Drug Use, Methadone use	Chronic Liver Disease	Child under age 7 from endemic country	# of Doses Required

*** Please submit negative hepatitis B surface antigen (HBsAg) completed within the last year for all individuals other than neonate of Hepatitis B carrier and child under 7 years of age from endemic country.**

This information is being collected pursuant to the *Health Protection and Promotion Act R.S.O. 1990 c. H. 7* and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the *Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56*, and the *Personal Health Information Protection Act 2004 S.O. 2004, c. 3*. This information will be used by Peel Public Health for the purposes of the administration and evaluation of the Communicable Disease Investigations and Vaccine Management and Physician Information teams. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street P.O. Box 630 RPO Streetsville Mississauga, ON L5M 2C1. 905-799-7000

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Case ID #	_____
Requisition ID #	_____

Physician/ Practice Name		HP Code # RMP_MS_ (this is the five digit HP Code # found on your packing slip)		
Office Contact Name		Address		
City	Prov.	Postal Code	Telephone Number	Fax Number

Pick-Up Locations (click here for maps and hours)		Hepatitis B Orders will be processed in 5 business days.		
<input type="checkbox"/> Vaccine Delivery Registered participants ONLY. Refer to delivery schedule.	<input type="checkbox"/> Fairview	<input type="checkbox"/> Malton	<input type="checkbox"/> Brampton	
Requested delivery date _____	<input type="checkbox"/> Hurontario	<input type="checkbox"/> Meadowvale	<input type="checkbox"/> The Davis Centre	

By submitting this order I _____ verify on behalf of the practice that the fridge storing publicly funded vaccines, at the location listed above, maintains cold chain temperatures (between +2.0°C to +8.0°C), meets MOHLTC Vaccine Storage and Handling Guidelines and maximum, minimum and current temperatures have been recorded twice daily. I understand that we may be required to provide accurate temperature logs upon request and that temperature logs must be kept on-site for a minimum of 3 years.

Signature _____ Date (YYYY/MM/DD) _____

For Region of Peel Office Use Only				
Order Date _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date _____	
Order Taken By _____	Comments _____			
Assigned PHN _____	Signature _____			

**Please Fax Completed Form to: 905-565-6178 for Hepatitis B and C Case Management Team
OR
905-565-9874 for the Vaccine Management Team**