

Order Information				Requisition #:	
Order Date	HP Code # RMP_MS_ (this is the five digit HP Code # found on your packing slip)	Office Contact Name			
Physician/Practice Name		Address			
City	Prov.	Postal Code	Telephone Number	Fax Number	
Pick-Up Locations (click here for maps and hours)					
<input type="checkbox"/> Vaccine Delivery Registered participants ONLY. Refer to delivery schedule. Requested delivery date _____		<input type="checkbox"/> Fairview	<input type="checkbox"/> Malton	<input type="checkbox"/> Brampton	
		<input type="checkbox"/> Hurontario	<input type="checkbox"/> Meadowvale	<input type="checkbox"/> The Davis Centre	
Eligibility					
Publicly funded high risk vaccine is only for men who have sex with men (MSM) up to the age of 26 years. This includes individuals who are gay, bisexual or transgendered and identify as MSM. For additional information, refer to <i>Ontario's Publicly Funded Immunization Schedule</i> at: http://www.health.gov.on.ca/pro/programs/immunization/docs/immunization_schedule.pdf					
Recipient(s) Initials	Date of Birth (YYYY/MM/DD)	# of Doses Required (Note that only 1-2 doses will be released at a time)	Does the recipient have an immunocompromising condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the recipient received previous doses of the HPV vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate which vaccine they were immunized with for each dose if applicable.		
			Dose #1 <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9 Dose #2 <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9		
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 _____					
Please fax completed form to the Vaccine Management and Physician Information program at Fax 905-565-9874					
For Region of Peel Office Use Only					
Order Date _____		<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
Order Taken By _____		Comments _____			
		(Print Full Name)			
Signature _____					

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 administration and evaluation of the Vaccine Management and Physician Information program. 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.