

## High-Risk Vaccine Order Form

This form is only used to order high-risk vaccines that cannot be ordered through the online vaccine ordering system.

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

<p><b>FAX COMPLETED FORM TO 905-465-3403</b></p> <p>A temperature log with 30 most recent days must be included with the order if your facility has not ordered other vaccines within the same ordering cycle using the <a href="#">online vaccine ordering system</a>.</p>	<p><b>PHU Use Only</b></p> <p>Order No.:</p>
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### Section 1: Facility Information

<b>Facility Name</b>		<b>Holding Point Code</b> HAL_OK_00	<b>Date</b>	
<b>Facility Contact</b> Last Name		First Name		
Telephone No.		Fax No.	Email Address	
<b>Facility Address</b>				
Unit #	Street #	Street Name	City/Town	Province   Postal Code
<b>Requested Delivery Method</b> Orders will be distributed according to the current <a href="#">Vaccine Distribution Schedule</a> *				
Pick-up Tuesday		Pick-up Wednesday	Delivery (only for facilities with existing courier arrangements)	
*If vaccines will be administered for post-exposure prophylaxis (PEP) purposes, call 311 and ask for Immunization Services to arrange to receive your order sooner. If PEP vaccines need to be administered before the next regular business day, call 311 and ask for the Immunization Services After-Hours Standby team.				

### Section 2: Client Information

Last Name	First Name	Date of Birth YYYY / MM / DD	Health Card Number
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### Section 3: Vaccine and Eligibility Criteria

Name of Vaccine Requested	Dose # (e.g. dose 1 of 2)	Reason (i.e. eligibility criteria)	Date of the previous dose(s) administered (if applicable)

Patient personal health information collected on this form is required to administer Halton Region’s Immunization Services program under the Health Protection and Promotion Act. For questions about collection requirements contact 311 or email [accesshalton@halton.ca](mailto:accesshalton@halton.ca)