

# SCHOOL IMMUNIZATION ORDER FORM

School Vaccine is funded to be administered by Public Health at school clinics. It is only to be administered by primary health care providers in extenuating circumstances. If you are uncertain as to how to proceed, please call Public Health @ **519-376-9420**.

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (YYYY/MM/DD)

**School:** \_\_\_\_\_

**Health Care Provider (Please Print):** \_\_\_\_\_

**School Program Immunization being Ordered (One dose of each vaccine at a time):**

**Hepatitis B** – 2 or 3 dose series (Recombivax or Engerix)      Dose #   1  2  3

**Date of Last Dose (if applicable) :** \_\_\_\_\_ (YYYY/MM/DD)

**\*Eligibility criteria expanded until 2024-08-31 to incl. those who graduated in 2022/23 school year OR who were born 2005 or 2006.**

**HPV** – 2 or 3 dose series (Gardasil)      Dose #   1  2  3

**Date of Last Dose (if applicable):** \_\_\_\_\_ (YYYY/MM/DD)

**\*Eligibility criteria expanded until 2024-08-31 to incl. those who graduated in 2019-2023 OR who were born 2002 through 2006.**

**Meningococcal C ACYW135** (Nimenrix or Menactra) – 1 dose

**Rationale for School Immunization to be administered in Health Care Provider Office:**

- This student has severe developmental delays and cannot attend school/community clinics.
- This student has a history of allergies to vaccine component(s).
- This student has a history of anaphylaxis.
- This student has extreme anxiety to medical procedures and requires pharmaceutical intervention.

Please **FAX** completed form to Grey Bruce Health Unit at **(519) 376-7782**.