



Thunder Bay District Health Unit
999 Balmoral Street
Thunder Bay, ON P7B 6E7
Att: Nicole O'Quinn
Phone: 625-8810
Fax: 625-4828

HEPATITIS A VACCINE ORDER AND REFERRAL FORM

Date _____

Client Name _____

Client D.O.B. _____ last first M F
year / month / day

Address _____

Postal Code _____

Telephone _____

Doses Required _____

Physician Name _____

Telephone _____

<p>Nurse / Doctor Use: Reporting vaccine given</p> <p>Date given: _____</p> <p>Lot # _____</p> <p>Expiry Date _____</p> <p>Signature _____</p>

Hep A will be provided free of charge for the following: (please check one)

- Household or sexual **contact of a case of Hep A (1st dose only)**
- Men who have sex with men
- Intravenous drug User
- Clients with chronic liver disease including those with Hepatitis C

*** If client fits into 2 categories, household/sexual contact of carrier or case takes precedence.**

IMPORTANT: PLEASE CALL THE HEALTH UNIT WITH THE DATES THE VACCINE WAS GIVEN.

Personal information collected on this form is under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004. The information collected is to maintain an immunization record for this client. Direct any questions regarding the collection of this information to the Privacy Officer, Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7 Telephone (807) 625-5900.