



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

HEPATITIS B 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 _____

Section A

Nurse / Doctor Use:
Reporting vaccine given

Date given: _____

Lot # _____

Expiry Date _____

Signature _____

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

- Household or sexual **contact of acute cases or chronic carries of Hepatitis B only**
- Neonate (2nd & 3rd doses only)
- IV drug user
- Homosexual men / heterosexuals with multiple partners
- Renal dialysis / blood recipient (2nd & 3rd doses only)
- Accidental needle stick injury (occurring in non-health care settings)
- Those awaiting liver transplant (2nd & 3rd doses only)
- Clients with chronic liver disease including those with Hepatitis C
- Children <7 years old whose families have immigrated from countries of high prevalence for Hepatitis B, and who may be exposed to HBV carriers through their extended families.

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

IMPORTANT: COMPLETE FORM AND PLEASE FAX TO: Nicole O'Quinn @ 807-625-4828

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