

Hepatitis B Vaccine Order and Report Form

Date _____

Client Name _____

Client D.O.B. _____
year / month / day

M F

Health Card # _____

Doses Required _____

Clinic _____

Health Care Provider _____

Phone # _____

Section A — Health Care Provider Use: Reporting vaccine administration:

Date given: _____

Lot # _____

Expiry Date _____

Signature _____

Hepatitis B vaccine is publicly funded for the following criteria: (please check one)

Household or sexual **contact of acute cases or chronic carries of Hepatitis B only**

Homosexual men / heterosexuals with multiple partners

IV drug user

Accidental needle stick injury (occurring in non-health care settings)

Renal dialysis / blood recipient (2nd & 3rd doses only)

Clients with chronic liver disease including those with Hepatitis B and Hepatitis C

Those awaiting liver transplant (2nd & 3rd doses only)

History of sexually transmitted disease

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.

Neonate please include:

Mother's name _____

D.O.B. _____

For vaccine intervals, see Table 7 of the Publicly Funded Immunization Schedules for Ontario—October 2015

COMPLETE FORM AND PLEASE FAX TO : (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.

IMT-218-B (2016)

page 1 of 1



Thunder Bay District
Health Unit