

Publicly Funded Hepatitis A & Hepatitis B Order/Report Form

Please complete and fax to (807) 625-4828.

Date: _____

Client Name: _____ D.O.B. _____

Health Card # _____ Health Care Provider _____

Hepatitis B 1.0 mL IM

_____ # of single doses

Hepatitis B is publicly funded if your client meets at least one of the following criteria's;

- IV drug user
- History of sexually transmitted disease
- Homosexual men / heterosexuals with multiple partners
- Accidental needle stick injury (occurring in non-health care setting)
- Renal dialysis / blood recipient 2nd & 3rd dose only
- Those awaiting liver transplant 2nd & 3rd dose only
- Clients with chronic liver disease including those with Hepatitis B and 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 carries through their extended families

Hepatitis A 1.0 mL IM

_____ # of single doses

Hepatitis A is publicly funded if your client meets at least one of the following criteria's;

- Household or sexual contact of a case of Hepatitis A – 1st dose only
- Intravenous drug user
- Men who have sex with men
- Persons with chronic liver disease –including Hep B and Hep C

Reporting vaccine given:

Date given _____ Hep A Lot # _____

Date given _____ Hep B Lot# _____

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