

Order Form for Publicly-Funded Vaccine or Tuberculin Skin Test Solution



Fax completed form to 705-743-2897

Order Date (YYYY/MM/DD):		
Pick Up Date (YYYY/MM/DD):	Pick Up Time: <input type="checkbox"/> 8:45 to 9:45 <input type="checkbox"/> 12:00 to 1:00 <input type="checkbox"/> 3:00 to 4:00	
ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are TUESDAYS and THURSDAYS		
Facility Name:	Health Care Providers:	Suite #
Contact Name:	Telephone Number:	

Are temperature logs from the period since your last vaccine order attached? Yes No → Vaccine will not be released

Do you have a one-month supply of the vaccine you are ordering in your fridge? No Yes → Use current stock

Also order (✓): Yellow Cards Plastic Covers Temperature Logbook Immunization Schedule "Parents Must Notify" Pads

Vaccine Recommended Routinely for the following groups:
NOTE: Many of these vaccines may be available outside of the routine schedule. Check the high-risk eligibility criteria described in Ontario's Publicly-Funded Immunization Schedule.

Trade Name	Abbreviation	Immunogen	Typically given...	Doses per box	# of boxes	Office use Lot # - expiry
Act-HIB [®]	Hib	Haemophilus Influenzae b Conjugate	< 5 years	5		
Adacel [®]	Tdap	Tetanus, Diphtheria & Acellular Pertussis	14 to 16 year booster and one booster after 18 years of age and pregnant persons in every pregnancy	5		
Adacel-Polio [®]	Tdap-IPV	Tetanus, Diphtheria, Acellular Pertussis, & Inactivated Polio	> 4 years old	10		
Imovax [®] Polio	IPV	Inactivated Poliomyelitis	≥ 6 weeks old	1		
M-M-R [®] II, Priorix [®]	MMR	Measles, Mumps & Rubella	After one year of age	10		Diluent
Menjugate [®] NeisVac-C [®]	Men-C-C	Meningococcal C Conjugate	Born on or after Sept 1, 2003 and are >1 year of age; or born between 1986 and 1996.	10		
Pediacel [®] , Pentacel [®]	DTaP-IPV-Hib	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio & Haemophilus Influenzae b Conjugate	2, 4, 6 and 18 months; used for children needing catch-up schedule up to age 7	5		
Prenvar 20 [®] (formerly Pneumovax 23 [®])	Pneu-C-20	Pneumococcal Conjugate - 20 valent	≥ 65 years of age.	10		
Vaxneuvance [®] (formerly Prevnar 13 [®])	Pneu-C-15	Pneumococcal Conjugate - 15 valent	6 weeks to 4 years of age routinely	10		
Priorix Tetra [®] Proquad [®]	MMRV	Measles, Mumps, Rubella & Varicella	4 to 6 years. Up to 12 years if late	10		Diluent
Rotarix [®]	Rot-1	Rotavirus Oral	2 months and 4 months routinely (eligible up to 24 weeks)	10		
Td Adsorbed [®]	Td	Tetanus & Diphtheria Adsorbed	Adults every 10 years	10		
Tubersol [®]	PPD	Tuberculin Purified Protein Derivative	Tuberculin skin testing (publicly funded only when deemed medically necessary, contacts of TB cases, post-secondary students including for placements, and <65 years entering a LTCH)	10		
Varivax [®] III, Varilrix [®]	Var	Varicella	Born in or after 2000 and ≥1 year of age	10		Diluent
Shingrix [®]	HZ	Herpes Zoster	65 to 70 years of age (i.e. from the 65 th birthday to 71 st birthday)	1		

Visit www.peterboroughpublichealth.ca/for-professionals/health-professionals/immunizations-and-vaccines for Order Forms for:

- **High Risk:** Hepatitis A, Hepatitis B, Hib, Meningococcal and Human Papillomavirus vaccines
- **School Program:** Hepatitis B, Meningococcal-C-ACYW and Human Papillomavirus
- **Influenza**