

Community Health Protection Department  
 Vaccine Preventable Disease Program

**Eligible Hepatitis A & B Vaccine Order Form**

The Health Unit will supply Hepatitis A and Hepatitis B vaccine to health care providers for their patients in certain high risk categories.

**Please complete the information below and Fax to 613-345-7038**

**\*Orders must be placed with your Regular Monthly Vaccine Order. Please note: Hep B vaccine – first 2 doses will be provided, 3<sup>rd</sup> dose must be ordered when due. Hep A vaccine – first dose will be provided then 2<sup>nd</sup> dose must be ordered when due.**

CATEGORY OF QUALIFICATION	
<p><b>HEPATITIS A</b></p> <ul style="list-style-type: none"> <li>• Persons with chronic liver disease, including those with hepatitis B &amp; C</li> <li>• Injection drug users</li> <li>• Men who have sex with men</li> </ul>	<p><b>HEPATITIS B</b></p> <ul style="list-style-type: none"> <li>• Infants born to HBV-positive mothers</li> <li>• Household or sexual contact of chronic carriers and acute cases</li> <li>• Persons awaiting liver transplant (2<sup>nd</sup> &amp; 3<sup>rd</sup> doses only)</li> <li>• Injection drug users</li> <li>• Men who have sex with men, individuals with multiple sex partners, history of a sexually transmitted infection</li> <li>• Persons on renal dialysis and those with diseases requiring frequent receipt of blood products (2<sup>nd</sup> &amp; 3<sup>rd</sup> doses only)</li> <li>• Needle-stick injury in a non-health care setting</li> <li>• Persons with chronic liver disease including hepatitis C positive.</li> </ul>

Patient Information:	
Patient Last Name:	Patient First Name:
Date of Birth:	
Physician:	Physician Tel No.:
Vaccine Order:	
<input type="checkbox"/> Hepatitis A Vaccine: <input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2	<input type="checkbox"/> Hepatitis B Vaccine: <input type="checkbox"/> Doses #1 & 2 <input type="checkbox"/> Dose #3
HEALTH UNIT USE ONLY:	
<input type="checkbox"/> Release Hepatitis A vaccine series _____ dose(s)	<input type="checkbox"/> Release Hepatitis B vaccine series _____ dose(s)
Lot# _____	Lot# _____
Expiry Date:	Expiry Date: