

Request Form for School Based Publicly Funded Vaccine

Description	Package Size	Check Here
Human Papillomavirus Vaccine (Gardasil) <input type="checkbox"/> 9	1 x 0.5 ml	<input type="checkbox"/>
Meningococcal Vaccine (Menactra)	1 x 0.5 ml	<input type="checkbox"/>
Hepatitis B (Engerix / Recombivax)	1 x 1.0 ml	<input type="checkbox"/>

***For each vaccine being requested, please check all criteria(s) that apply for this client:**

Human Papillomavirus Vaccine (HPV) 9 Eligibility Criteria

Gardasil 4 is no longer available. Gardasil 9 is the product that will be used in place of Gardasil 4.

The client is eligible if he/she meets both the birth year criteria and remains in school (grades 7 – 12):

- Any student who has started but not completed their publicly funded Gardasil 4 series and remains in school.
- Female student born in 2002 or later until the end of their grade 12 year.
- Male student born in 2004 or later until the end of their grade 12 year.

Please note:

Individuals who have completed their HPV 4 series as of March 14, 2019 are considered up-to-date with their HPV immunization and will not be eligible for publicly funded Gardasil 9 vaccine. Should they wish to receive Gardasil 9, they will be required to purchase the vaccine and would require a prescription from their health care provider.

As of September 1st, 2015:

- Clients who are under 15 when they receive their first dose, follow a **two dose schedule**
- Clients who are 15 or older when they receive their first dose, follow a **three dose schedule**

Meningococcal Vaccine (Menactra) Criteria

- Client must be registered and attending school in grades 7 through 12.

Hepatitis B Vaccine (Engerix / Recombivax) Criteria

- Client must be registered and attending school in grade 7 or 8 only. Students who are in grade 6 or lower or in grade 9 or higher are not eligible to receive publicly funded school Hep B vaccine.

Client Information:

Name of Client _____

Date of Birth _____ Male Female
YYYY/MM/DD

Client's Health Card Number _____

Name of School _____ Grade _____

Dose being requested: Dose 1 Dose 2 Dose 3

Date previous doses administered Dose 1 _____ Dose 2 _____

*Date of scheduled appointment _____

Name of HCP location: _____ Date of Request: _____

*order will not be filled if the appointment date is not provided.

For Health Unit Use only

Date order filled: _____

Vaccine _____

Lot Number _____

Filled By _____