

High Risk and School Publicly Funded Immunization Program and Reporting Form

Information must be faxed to the Immunization Team at 613-549-0985 once immunization is administered and before further doses can be issued.

Patient name: _____

Date of birth (year/month/day): _____

OHIP number: _____

Practice or facility name: _____

If you have any questions, please call the KFL&A Public Health Immunization Information Line at 613-549-1232 or 1-800-267-7875.

Vaccine administered

Vaccine given	Lot number	Date administered	Dose number	Dosage	Site	Route

Physician name: _____

Please indicate which vaccine(s) were administered.

High risk program immunizations

Vaccine	Eligibility
<input type="checkbox"/> Meningococcal B (Bexsero)	2 months to 17 years
<input type="checkbox"/> Meningococcal C ACYW-135 (Menactra)	9 months to 55 years
<input type="checkbox"/> Meningococcal P ACYW-135 (Menomune)	56 years or older
<input type="checkbox"/> Pneumococcal Conjugate 13 (Prevnar 13)	50 years or older
<input type="checkbox"/> Pneumococcal polysaccharide 23 (Pneumovax® 23)	2 to 64 years
<input type="checkbox"/> Hepatitis A (Avaxim or Havrix or Vaqta)	Adult
<input type="checkbox"/> Hepatitis A (Avaxim or Havrix or Vaqta)	Child
<input type="checkbox"/> Hepatitis B (Recombivax or Engerix)	Adult
<input type="checkbox"/> Hepatitis B (Recombivax or Engerix)	Infant or child
<input type="checkbox"/> Haemophilis Influenza B - Act-HIB	5 years or older
<input type="checkbox"/> HPV9 (Gardasil® 9)	Males age 9 to 26 who have sex with males (MSM) AND who have not received HPV vaccine previously.

School program immunizations

Vaccine	Eligibility
<input type="checkbox"/> Hepatitis B (Recombivax or Engerix)	Grade 7
<input type="checkbox"/> HPV9 (Gardasil® 9)	Males and Females in Grade 7 this 2019/2020 school year
<input type="checkbox"/> Meningococcal C ACYW-135 (Menactra)	Grade 7