

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

HIGH RISK HPV-9 VACCINE ORDER FORM

FAX: (519) 977-1711 | EMAIL: vaccine@wechu.org

Order Information	
Date:	
Facility Name:	Telephone Number:
Contact Person:	Fax Number:
Pick Up By: Courier <input type="checkbox"/> Staff <input type="checkbox"/> Site: Windsor <input type="checkbox"/> Leamington <input type="checkbox"/>	

Eligibility:

9-26 years of age who identify as men who have sex with men (MSM)

Recommended Schedule:

≥ 15 years of age: 3 doses at 0, 2 and 6 months

≤ 14 year of age (immunocompetent): 2 doses at 0, 6 months or 0, 12 months

	# of doses
Gardasil 9	

<p>Client Information:</p> <p>Client Initials: _____</p> <p>Date of Birth: _____</p>

For more information please refer to the Canadian Immunization Guide

VACCINE ORDERS WILL ONLY BE PROCESSED WHEN ACCOMPANIED BY THE MOST CURRENT 4 WEEK TEMP LOG
COOLERS MUST BE PRE-CHILLED BETWEEN 2 – 8 ° C
ALL TRANSPORT EQUIPMENT MUST BE PRESENT TO RECEIVE VACCINE