



High Risk Hepatitis Health Care Provider Vaccine Order Form
Fax: (519) 977-1711 Email: vaccine@wechu.org

Order Information	
Date:	Phone Number:
Facility Name:	
Contact Person:	Fax Number:
Pick-up by: Medex <input type="checkbox"/> Staff <input type="checkbox"/> Sites: Windsor <input type="checkbox"/> Essex <input type="checkbox"/> Leamington <input type="checkbox"/>	
Eligibility Criteria	
Hepatitis A	<ol style="list-style-type: none"> Intravenous drug use Liver disease (chronic), including hepatitis B and C Men who have sex with men
Hepatitis B	<ol style="list-style-type: none"> Children <7 years old whose families have immigrated from countries of high prevalence for HBV and who may be exposed to HBV carriers through their extended families (3 doses) Household and sexual contacts of chronic carriers and acute cases (3 doses) History of a sexually transmitted disease (3 doses) Infants born to HBV-positive carrier mothers: premature infants weighing <2,000 grams at birth (4 doses); premature infants weighing >2,000 grams at birth and full/post term infants (3 doses) Intravenous drug use (3 doses) Liver disease (chronic), including hepatitis C (3 doses) Awaiting liver transplants (2nd and 3rd doses only) Men who have sex with men (3 doses) Multiple sex partners (3 doses) Needle stick injuries in a non-health care setting (3 doses) On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., hemophilia) (2nd and 3rd doses only)
Vaccines	# of doses
Hepatitis A - Pediatric	
Hepatitis A - Adult	
Hepatitis B - Pediatric	
Hepatitis B - Adult	
Client Information	
Client Initials:	Meets Eligibility Criteria #:
Date of Birth:	