

High Risk Meningococcal 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"/> Site: Windsor <input type="checkbox"/> Essex <input type="checkbox"/> Leamington <input type="checkbox"/>	

Eligibility:

1. Functional or anatomic asplenia
2. Complement, properdin, factor D or primary antibody deficiencies
3. Cochlear implants (pre/post implant)
4. Acquired complement deficiencies (e.g. receiving eculizumab)
5. HIV

Vaccines	# of doses
Menactra (9 months or older)	
Bexsero (age 2 months – 17 years of age)	

Client Information
Client Name:
Date of Birth:
Eligible Medical Condition #:

For more details and recommended number of doses by age, please refer to the Publicly Funded Immunization Schedules for Ontario

Vaccine orders will only be processed when accompanied by the most current 4 week temperature logs.

Coolers must be pre-chilled between 2-8° C
All transport equipment must be present to receive vaccine.