

PUBLIC HEALTH MANUAL

Standard Operating Procedure

TITLE:	Approval, Tracking and Release of Vaccine for School & High Risk Conditions	NUMBER:	Revised-2018-02-07
Sponsor:	Senior Director; Population and Public Health	Page:	1 of 19
Approved by:		Approval Date:	
		Effective Date:	
Applies To:	All Staff working in Public Health, Public Health Managers, Public Health Directors, Medical Officers of Health for Nova Scotia		

TABLE OF CONTENTS

PREAMBLE

PROCEDURES

Part 1-Approval, Tracking and Release of Vaccine [\[hyperlink\]](#)

Part 2-Panorama Use for Non-Regular Staff [\[hyperlink\]](#)

Part 3-Other Documentation Considerations [\[hyperlink\]](#)

Part 4-Contingency (Panorama Inaccessible) [\[hyperlink\]](#)

RELATED DOCUMENTS

Policies [\[hyperlink\]](#)

Appendix A-Definitions [\[hyperlink\]](#)

Appendix B-Nova Scotia Immunization Schedule for Children [\[hyperlink\]](#)

Appendix C-Nova Scotia Immunization Schedule for Adults [\[hyperlink\]](#)

Appendix D-Nova Scotia School Immunization Schedule [\[hyperlink\]](#)

Appendix E-Sample Reciprocal Immunization Form [\[hyperlink\]](#)

Appendix F-Vaccine Order Request Form: High Risk or Special Order [\[hyperlink\]](#)

PREAMBLE

Effective immunization programs are essential to the prevention and control of many infectious diseases (Public Health Agency of Canada, 2016). The Nova Scotia publicly funded immunization program offers immunization to targeted groups as part of routine and high risk situations. Public Health Staff will determine eligibility as per the Department of Health and Wellness Publicly Funded Vaccine/Immunoglobulin Eligibility Policy.

https://novascotia.ca/dhw/CDPC/documents/150706_Vaccine_Immunoglobulin_eligibility_fin_al.pdf

The purpose of this Standard Operating Procedure (SOP) is to outline the process for approving, tracking and release of vaccine for school and high risk conditions. Panorama software will be used to document all reports of AEFI and any action taken by Public Health.

STANDARD OPERATING PROCEDURE

PART 1-Approval, Tracking and Release of Vaccine

Role of the Health Care Provider (HCP):

Submit free issue vaccine form to Public Health **Confirm document retention*

Role of the Nurse:

- Review the request **form for high risk or special order vaccine**. [\[hyperlink appendix F\]](#)
 - If information is missing, follow-up with the requesting HCP for completion.
 - If the request for immunization is initiated by public health, the Nurse will compile all required client information.
- Search for the client in Panorama. [\[User Guide\]](#)
 - **If a client profile exists, review and update the profile.**
 - If a client profile does not exist, create a new profile.
 - In order to ensure the accuracy of data for reporting purposes and to minimize duplicate profile entries, it is extremely important that a careful and extensive client search is completed prior to creating a new profile.
 - Always search first using a Nova Scotia HCN as the only criteria

- If no HCN, the first search may be done using an alternate client number from the drop down list.
- If a HCN or other client number is unknown, not applicable, or the client is not found in a search using this criteria; clear the HCN field and search using the following criteria in any combination available:
 - Name (first and last); gender; date of birth
- If still no results found; search only the client first and last name using a wildcard symbol AND/OR a phonetic match.
- A **minimum of three searches** must be attempted prior to the creation of any new client profile.
- If duplicate profiles are found for the same client, follow the process for reporting duplicates [\[hyperlink to Part 3-Other Documentation Considerations\]](#)
- Confirm whether an encounter exists for this request on the subject summary screen in the immunization area. [\[User Guide\]](#)
 - If no encounter exists for this request, create an encounter [\[User Guide\]](#)
 - A separate encounter must be created for (a) all vaccine(s) being approved and (b) for all vaccine(s) being denied, for a total of two possible encounters.
 - This will ensure accurate data collection for reporting and documentation for cases where multiple vaccines are requested by the HCP but only some are approved as eligible.
- Upload the completed HCP request form to the encounter in the client profile. [\[User Guide\]](#)
- Determine if high risk vaccine eligibility [\[User Guide\]](#) or school program vaccine eligibility [\[hyperlink to Appendix D\]](#) criteria are met.
 - If eligibility criteria is not met, decline the request and communicate this decision to the HCP.
 - If eligibility criteria is met, determine whether the vaccine has previously been received by the client.
 - If the vaccine has previously been received, follow-up with the HCP for additional information on the doses received.
 - Write a note and update the history interpretation in the client profile based on information from the HCP.
 - Determine whether subsequent vaccine dose(s) are still required.

- If additional doses are required, approve the HCP request.
- If no additional doses are required, decline the HCP request and communicate this decision to the HCP.
- If the vaccine has not been previously administered to the client, determine whether the vaccine has been previously approved. This should be displayed as an encounter on the subject summary screen.
- If the vaccine has previously been approved, follow-up with the HCP for additional information.
 - Write a note and update the history interpretation in the client profile based on information from the HCP.
 - Determine whether subsequent vaccine dose(s) are still required.
 - If additional doses are required, approve the HCP request.
 - If no additional doses are required, decline the HCP request and communicate this decision to the HCP.
- Advise the Zone Bio-Coordinator of vaccine approval and request an electronic copy of the product requisition.

Role of the Zone Bio-Coordinator:

- Create product requisition in Panorama.
- Create a PDF of the requisition and email a copy to the Nurse.

Role of the Nurse:

- Upload the PDF copy of product requisition as a “client context document”. [\[hyperlink to criteria reference\]](#)
- If both the vaccine request and the administration of the approved vaccine is completed by public health, the Nurse will inform the client of the approval status and arrange for the immunization to be given.
 - Client immunizations administered by public health will be completed in accordance with the Individual Immunization SOP. [\[hyperlink to SOP\]](#)

Role of the HCP:

- If the vaccine administration will be provided by the HCP, they will inform the client of vaccine approval status and arrange for the immunization to be given.
- Record of the vaccine administration must be submitted to public health via reciprocal form [\[hyperlink to Appendix E\]](#) OR entered directly into Nightingale (not both).

Request for Release of School Program Vaccine(s) to External HCPs

- The school based immunization program is a public health delivered program; other publicly funded immunizations are delivered by a mixed model including external HCPs.
- Release of school based immunization program vaccine(s) to HCPs external to public health should be done in exceptional circumstances only and approved on a case by case basis in consultation with the Health Protection manager or designate.
- Considerations for approval may include the following:
 - Extended efforts have been made by public health to accommodate immunization at the school or local public health office.
 - Denial of vaccine release will likely result in the child remaining unimmunized.
- If approved, public health must ensure that the HCP has been made aware of the exceptional circumstance and that record of the vaccine administration must be submitted to public health via reciprocal form [\[hyperlink to Appendix E\]](#) OR entered directly into Nightingale (not both).
- A **high risk or special order vaccine request form** is used for release of school based vaccine to external HCPs. [\[hyperlink to Appendix F\]](#)

Out of Grade Immunization Request

- If the student DOB falls in a cohort that was previously immunized, the nurse assesses student eligibility for publicly funded vaccine and if approved, provides follow-up as required.

PART 2-PANORAMA USE FOR NON-REGULAR STAFF

- It is expected that all Staff involved in the approval, tracking and release of vaccine for school and high risk conditions will utilize Panorama regardless of employment status.
- All Non-Regular Staff will require an Active Directory account in order to access and record information in Panorama.
 - Active Directory accounts are set up through the User Access Process with NSHA Information Technology Services.
 - The manager or delegate must be made aware of new users as soon as possible to ensure timely system access prior to scheduled immunization clinic(s).
 - Requests for Active Directory accounts can be made through SharePoint at: <http://intra.nshealth.ca/it-self-service/SitePages/User%20Access%20e2%80%93%20Bulk%20Users.aspx>
- As needed, computers will be made available for sign-out within the zones
- All Non-Regular Staff will confirm they can access the Panorama immunization module prior to the date they are required to approve, track or release vaccine. Any issues with software/hardware access are to be identified with sufficient time for rectification prior to the date required for use.

Nursing Students

- Although nursing students who are completing a practicum placement with NSHA Public Health may play a role in the administration of vaccine, they will not be approvers for the release of vaccine for school or high risk conditions.

Part 3-OTHER DOCUMENTATION CONSIDERATIONS

Deletion of Errors

- If information is entered accidentally on a client file (i.e. an allergy, address, consent typo, etc.) it should be deleted, not invalidated.
 - Deletions are only invisible to the end user; this information is still retrievable and auditable. In contrast, invalidated information can still be seen by the end user but is greyed-out.
 - In some cases visibility of incorrect information may cause user confusion and more risk of harm to a client where the information was never relevant to them in the first place.
- Users are **NEVER** to delete clinical notes, another user's entry, or a past entry. In all of these cases the information would be updated so that all previous information is fully accessible and visible to the end user.
- Immunization administration errors entered by a nurse would be invalidated (not deleted) and correct information entered.
- Any amendment made to a client file that falls outside client demographic data must include a clinical note to indicate which fields have been changed and the reason for the change.

Duplicate Client Profiles

- If a duplicate client profile is found, an online ticket will be submitted to the Help Desk at <https://ictservices.nshealth.ca/assystnet/application/assystNET.jsp>
 - The subject line should indicate "Panorama-possible duplicate client".
 - Include the client ID of all duplicate profiles; do not include client names, health card numbers or other identifying information in the ticket.
 - Tickets for Panorama will be forwarded to the appropriate support Staff for resolution.

Immunity Status Interpretation

- Immunity status of a student will be determined by the nurse based on immunization history, history of previous illness, and lab reports.

- Immunity status will be recorded in Panorama and updated as new information is available. [\[User Guide\]](#)
 - A nurse can take verbal report of immunity from a client (i.e. history of a disease that would typically result in immunity) and indicate the report as verbal in the comments section. If the same client is later discovered to be non-immune this can be added to the profile.

Special Considerations [\[Special Conditions\]](#)

**confirm & include definition chart from training material*

- Special considerations are updated in the client profile where factors that may impact immunization exist.
 - If a consideration exists that is applicable to ALL immunization (i.e. a needle phobia) then a warning should be added rather than a precaution. [\[User Guide\]](#)
 - Warnings will appear for any vaccine given whereas precautions appear for specific agents.
- Allergies recorded in Panorama will not affect the forecaster function. A contraindication (found under special considerations) should also be added to the client profile when a vaccine should not be administered again. Contraindications will adjust the forecaster. [\[User Guide\]](#)
 - If subsequent doses **are** being recommended, do not use contraindications; instead add a precaution (i.e. longer post-immunization observation period). [\[User Guide\]](#)
- Allergies being captured that are unrelated to immunization may all be listed together under “other” in the comments section.

Part 4- CONTINGENCY (PANORAMA INACCESSIBLE)

- Should Panorama access be interrupted at any stage of the approval, tracking and release of vaccine process, Staff will revert to paper documentation using the **High Risk or Special Order vaccine request form** [\[hyperlink to Appendix F\]](#) and hardcopy progress notes according to Nova Scotia nursing college documentation standards.
- Information will be entered into Panorama as soon as the system becomes available; within a one week maximum timeframe.

REFERENCES

- College of Licensed Practical Nurses of Nova Scotia. (2013). *Practice guidelines*. Retrieved from <http://clpnns.ca/practice-guidelines/>
- College of Registered Nurses of Nova Scotia. (2012). *Documentation guidelines for registered nurses*. Retrieved from: <http://crnns.ca/wp-content/uploads/2015/02/DocumentationGuidelines.pdf>
- College of Registered Nurses of Nova Scotia. (2017). *Practice standards*. Retrieved from <http://crnns.ca/practice-standards/>
- Province of Nova Scotia. (2010). *Registered Nurses Act*. Chapter 21 of the Acts of 2006. Retrieved from <http://nslegislature.ca/legc/statutes/regisnur.htm>
- Province of Nova Scotia. (2013). Custodians: What does PHIA mean to me? *Personal Health Information Act*. Retrieved from <http://novascotia.ca/dhw/phia/custodians.asp>
- Province of Nova Scotia. (2016). *Health Protection Act*. Chapter 4 of the Acts of 2004. Retrieved from <http://nslegislature.ca/legc/statutes/health%20protection.pdf>
- Nova Scotia Health Authority. (2015a). *Immunization toolkit for family practice*. Retrieved from <http://www.cdha.nshealth.ca/public-health/immunization-public-health/immunization-toolkit-family-practice>
- Nova Scotia Department of Health and Wellness. (2015b). *Communicable disease prevention and control: immunization*. Retrieved from <https://novascotia.ca/dhw/cdpc/immunization.asp>
- Nova Scotia Department of Health and Wellness. (2017a). *Nova Scotia immunization manual*. Retrieved from <http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
- Nova Scotia Department of Health and Wellness. (2017b). *Publicly funded vaccine/immunoglobulin eligibility criteria*. Retrieved from https://novascotia.ca/dhw/CDPC/documents/150706_Vaccine_Immunoglobulin_eligibility_final.pdf
- Public Health Agency of Canada. (2016). *Canadian immunization guide*. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- Public Health Agency of Canada. (2017). *National Advisory Committee on Immunization (NACI)*. Retrieved from [*This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.*](https://www.canada.ca/en/public-</p></div><div data-bbox=)

health/services/immunization/national-advisory-committee-on-immunization-naci.html

DRAFT

Policies

Reference and link to the new NSHA Immunization Policy [Public Health MM-IM-001] once approved (*will supersede all former DHA immunization-related policies*)

Appendices

Appendix A-Definitions

Appendix B-Nova Scotia Immunization Schedule for Children

https://novascotia.ca/dhw/cdpc/documents/13078_NsChildhoodImmPoster_En.pdf

Appendix C-Nova Scotia Immunization Schedule for Adults

https://novascotia.ca/dhw/cdpc/documents/13155_AdultImmunizationSchedule_En.pdf

Appendix D-Nova Scotia School Immunization Schedule

https://novascotia.ca/dhw/cdpc/documents/13153_SchoolImmunizationSchedule_En.pdf

Appendix E-Sample Reciprocal Immunization Form

<https://novascotia.ca/dhw/CDPC/documents/forms/Reciprocal-Notification-Form.pdf>

Appendix F-Vaccine Order Request Form: High Risk or Special Order

<https://novascotia.ca/dhw/cdpc/documents/forms/High-Risk-Special-Release-Vaccine-Order-Request.pdf>

Appendix A-Definitions

Consent for Disclosure	Consent granted by a client to a Nurse or MOH to view a file that has been masked by the DHW Privacy and Access Office. Masking is a process that limits the disclosure of specific portions of that client's personal health information.
Deferral	A postponement status assigned where a student is expected to have an eligible immunization at a date in the foreseeable future but could not receive it on the day originally scheduled.
Health Care Professional (HCP)	All persons employed by NSHA facilities, or NSHA funded facilities, as well as members of the medical staff, volunteers, board members, students, and others associated through contracts
Immunization	The process by which immunity is conferred, either by injection of antigens (active Immunization) or by injection of serum containing specific antibodies (passive immunization).
Lot Number	Number assigned to each vaccine by the vaccine manufacturer for identification purposes.
Non-Regular Staff	Refers to all learners, temporary and casual Staff who provide immunization related services to clients as part of assigned work activities within Public Health at the NSHA. This may include both administrative and nursing related functions.
Nurse Immunizer	Refers to all permanent status registered nurses and licensed practical nurses who provide immunization services to clients as part of assigned work activities within Public Health at the NSHA.
Panorama	An electronic public health surveillance system designed to increase efficiency in tracking vaccine usage, immunization coverage rates, and control of infectious notifiable diseases including outbreaks.
Publicly Funded Immunization Program	A provincially determined list of publicly funded vaccine which falls under various routine and non-routine eligibility criteria including childhood, school, adult and high risk categories.
Staff	Unless specifically limited by a certain policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and other individuals performing work activities within NSHA.
Vaccine	An antigenic preparation which, when introduced into an organism, induces the production of antibodies capable of fighting off infection of that organism by a given micro-organism.

Zone Bio-Coordinator	Administrative personnel (i.e. secretary, clerk) assigned within the Zone to the functions related to vaccine inventory, storage, handling and distribution.
----------------------	--

DRAFT

Appendix B-Nova Scotia Immunization Schedule for Children

Routine Childhood Immunization Schedule

Childhood immunizations have changed in the past few years. This schedule reflects these changes and may be different from what you or your children may have received in the past.

The immunizations shown on this schedule are those that are given **free of charge**.

High-risk children may be eligible for additional vaccines. For more information, talk to your health care provider or call your local Public Health Services office.

		SCHEDULE					
		2 months	4 months	6 months	12 months	18 months	4-6 years
VACCINES	DTaP-IPV-Hib Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine	✓	✓	✓		✓	
	Pneumo Conj. Pneumococcal conjugate vaccine	✓	✓		✓		
	Men C Conj. Meningococcal group C conjugate vaccine				✓		
	MMRV* Measles, mumps, rubella and varicella vaccine				✓	✓*	✓*
	Tdap-IPV Tetanus, diphtheria, acellular pertussis (whooping cough), and polio vaccine						✓

*The second dose of MMRV can be given only once between 18 months and 6 years of age.

Seasonal Flu Vaccines

- Seasonal flu vaccines are free for all Nova Scotians. They are recommended for all adults and children EXCEPT for babies under 6 months.
- Seasonal flu vaccines are strongly recommended for anyone who lives with or takes care of a child under 5 years, and for anyone living in a home where a newborn is expected during influenza season (October to April). This includes both adults and older children.
- Seasonal flu vaccines are also strongly recommended for children with a health condition that places them at high risk and for anyone who lives with or takes care of these children.
- Children under 9 years old getting their first flu vaccine need 2 doses.

For more information about seasonal flu vaccines, see: novascotia.ca/DHW/CDPC/flu.asp

Aussi disponible en français



13/51/APRIS REV15-16

Appendix C-Nova Scotia Immunization Schedule for Adults

Immunization Schedule for Adults

The immunizations shown here are given free of charge.

Adults at high risk may be eligible for additional vaccines. For more information, talk to your health care provider or call your local Public Health office.

		SCHEDULE	
		Adults to age 64	Adults 65 and older
VACCINES	Seasonal Flu¹ <i>Influenza vaccine (every flu season)</i>	✓	✓
	Td <i>Tetanus, diphtheria vaccine. (Every 10 years. 1 dose should be given as Tdap² if not previously given in adulthood.)</i>	✓	✓
	Pneumococcal polysaccharide <i>Pneumococcal polysaccharide vaccine (1 dose)³</i>	✓ <i>(high risk only)</i>	✓
	MMR <i>Measles, mumps and rubella vaccine (2 doses)</i>	✓ <i>(Adults born in 1970 or later)</i>	

1 For more information about flu vaccine, see novascotia.ca/flu

2 Tdap (tetanus and diphtheria toxoid combined with acellular pertussis vaccine)

- All adults who have not received a dose of pertussis vaccine in adulthood should receive a single dose of Tdap for the prevention of pertussis (whooping cough), particularly if they are in regular contact with infants.

3 In most cases, pneumococcal polysaccharide vaccine should be given only once. More than one dose decreases the effectiveness of the vaccine. For some people, re-vaccination may be required.

For more information on re-vaccination,

- talk to your health care provider or
- visit www.phac-aspc.gc.ca/publicat/ctg-gct/p04-pneu-eng.php

Appendix D-Nova Scotia School Immunization Schedule

School Immunization Schedule

The immunizations shown on this schedule are those that are given **free of charge**.

Children at high risk may be eligible for additional vaccines. For more information, talk to your health care provider or talk to your local Public Health Office.

		School Year
		Grade 7
VACCINES	HPV (for both boys and girls) Human papillomavirus vaccine (2 doses)	✓
	Hepatitis B (HB) Hepatitis B vaccine (2 doses)	✓
	Tdap Tetanus, diphtheria, and acellular pertussis (whooping cough) vaccine	✓
	Meningococcal Quadrivalent Meningococcal Quadrivalent vaccine (Groups A, C, Y and W 135)	✓

13153 /APR15 REV15-16

Appendix E-Sample Reciprocal Immunization Form

Reciprocal Notification Form

Public Health Services
7 Melior Avenue, Unit 5
Dartmouth, Nova Scotia
B5B 0E8



www.gov.ns.ca/dhw

This form is to be completed by the person administering a vaccine.
The blue copy is to be sent to the local Public Health Office.
The yellow copy is to be sent to or retained by the health care provider.

Please print firmly with a ball-point pen—you are making 2 copies.

PATIENT INFORMATION																																	
Surname		Given Names		Phone Number																													
Address					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																												
Address					Postal Code																												
If Attending School, Name of School																																	
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>						
Y	M	D	M	F	Health Card Number																												
Date of Birth			Sex																														
Health Care Provider's Name (Please Print)				Health Care Provider's Phone Number																													

ANTIGEN ADMINISTERED. CHECK (✓) BOXES WHERE APPROPRIATE				
DTaP-IPV-Hib <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Meningococcal group C <input type="checkbox"/> Tdap-IPV	Hepatitis B <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Hepatitis A <input type="checkbox"/> 1st <input type="checkbox"/> 2nd MMR <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	Varicella <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Pneumococcal Polysaccharide <input type="checkbox"/> Td MMRV <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	Influenza <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Hib <input type="checkbox"/> Tdap Other _____ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	Pneumococcal Conjugate <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Hepatitis A & B <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Other _____ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Site:	Site:	Site:	Site:	Site:
Dosage:	Dosage:	Dosage:	Dosage:	Dosage:
Route:	Route:	Route:	Route:	Route:
Lot #:	Lot #:	Lot #:	Lot #:	Lot #:

Date Given (YY/MM/DD)	Signature of Person Giving Vaccine
Office / Location where Immunization was Given	

13068/JUN12 REV12-13

Appendix F-Vaccine Order Request Form: High Risk or Special Order

Vaccine Order Request:
High Risk or Special Order

Place Vaccine Order Phone: Fax: Email:
--

Immunization Provider Information		
Provider Name	Email	
Professional Designation <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist	Public Health Practitioner Yes <input type="checkbox"/> No <input type="checkbox"/>	
Practice Address		
Contact Person		
Phone:	Fax:	Email:
Order Date	Mode of Delivery Allow 2-3 days	<input type="checkbox"/> Pick up <input type="checkbox"/> Courier

Patient Details			
Patient 's Last Name	First Name	HCN	DOB
Reason for Vaccine Request	Specify details		
<input type="checkbox"/> Close contact or exposure to VPD			
<input type="checkbox"/> High Risk Condition			
<input type="checkbox"/> Other			

Immunizing Agent/ Product requested	# doses	Adult	Pediatric
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Approved by: _____ Date _____

5/24/2013

HISTORY

CURRENT VERSION
1. Prepared by: Catharine Langlois (Consultant-Health Protection)
2. Reviewed by: Panorama Immunization working group members as part of User Acceptance Testing January 22-26, 2018
3. Version #: February 1, 2018

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)