Pneumococcal Vaccine: High-Risk Client Order Form

Requirements for Order to be Processed:

- Health Department nurse will assess and release **one dose of vaccine per order** based on client eligibility and the publicly funded immunization schedule.
- Complete **all sections** below and fax the order form with temperature logs since last order to the site where you will pick up your vaccine. Orders can take up to 10 business days to process.

Fridge Number:	Clinic/Provider:	Date (Y-M-D):
Phone:	Fax:	Email:

Client and Vaccine Information:

Last Name:	First Name:	DOB (Y-M-D):
Gender:	Phone:	Other Phone:
Address:		Latex Allergy: ☐ Yes ☐ No

Dose Requested: **Dose 1:** ☐ **Dose 2:** ☐ **Dose 3:** ☐ **Dose 4:** ☐

Reason for Release: Individuals ≥6 weeks to 64 years of age who have any of the following:

- ☐ Asplenia (functional or anatomic), splenic dysfunction
- ☐ Congenital (primary) immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions
- ☐ HIV infection
- ☐ Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy
- ☐ Malignant neoplasms, including leukemia and lymphoma
- ☐ Sickle-cell disease and other sickle cell hemoglobinopathies
- ☐ Solid organ or islet cell transplant (recipient)
- ☐ Hepatic cirrhosis due to any cause
- ☐ Chronic renal disease, including nephrotic syndrome
- ☐ Chronic cardiac disease
- ☐ Chronic liver disease, including hepatitis B and C
- ☐ Chronic respiratory disease, excluding asthma, except those treated with high-dose corticosteroid therapy
- ☐ Chronic neurologic conditions that may impair clearance of oral secretions
- ☐ Diabetes mellitus
- ☐ Cochlear implant recipients (pre/post implant)
- ☐ Chronic cerebral spinal fluid leak
- ☐ Residents of nursing homes, homes for the aged and chronic care facilities or wards
- ☐ Hematopoietic stem cell transplant (HSCT) (recipient) (4 doses)
- ☐ Clinic stock supply **(<u>Only</u> for approved high-risk stock release sites):**

Pick-Up Method: ☐ **with next order** ☐ **separate from monthly order**

Whitby, ON: 605 Rossland Road East; P: 905-668-7711; F: 905-666-6214 **Port Perry, ON:** 181 Perry Street; P: 905-985-4889; F: 905-982-0840

Vaccine Storage and Handling line: 905-668-7711 ext. 3063

Personal health information is collected, used and disclosed under the authority of the Health Protection and Promotion Act R.S.O. 1990 c.H.7, s. 5 and its Regulations. This information is collected for the purpose of assessing, planning, maintaining records, evaluating and reporting on the level of support services required to be provided by the Health Department, Regional Municipality of Durham, such as to reduce or eliminate vaccine preventable diseases, and to provide vaccine services to children and adults. Questions about this collection of information should be addressed to the Manager, Health Information, Privacy and Security, Durham Region Health Department, at 605 Rossland Rd E., P.O. Box 730, Whitby, ON, L1N 0B2, (905) 668-7711.

August 2026