



**Public Health**  
 18 South Albion St  
 Amherst NS B4H 2W3  
 Phone: 902-667-3319 Fax: 902-667-2273

**Requisition - Vaccines Request for High Risk Patients**

**PHS Product Requisition Number:**

**PACKING SLIP**  
**Name and Address of Physician and Medical Clinic: (required)**

**COMPLETED BY: (Please Print)**  
 Name:  
 Telephone:  
 Fax:  
 Date:

**Please allow 7 to 14 Business Days for your order to be processed**  
 **Pick-up** (Public Health will contact you to arrange pick-up when order is ready)  
**\*\* Vaccines will not be released without a hard sided cooler with lid, insulating packing material and ice pack\*\***

- This form is for ordering non-routine vaccines for clients with high risks conditions as per the Nova Scotia Immunization Manual.
- Non-routine vaccine requests require Public Health approval.

**Patient eligibility - <http://novascotia.ca/dhw/cdpc/documents/Vaccine-Eligibility-for-High-Risk-Conditions.pdf>**

**Patient eligibility pre-exposure prophylaxis monkeypox – <https://novascotia.ca/dhw/cdpc/cdc/documents/Monkeypox.pdf>**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ HCN # \_\_\_\_\_

Reason (check all that applies):

- Medical indication  Specify \_\_\_\_\_
- Hepatitis C program
- Case contact  Specify \_\_\_\_\_
- Risk Behaviour
- Other  Specify \_\_\_\_\_

Vaccines Requested - Check all that apply	Doses Ordered	Doses Approved	Doses Filled
<input type="checkbox"/> Haemophilus B Conjugate (Act-HIB)			
<input type="checkbox"/> Hepatitis A (Havrix) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Hepatitis A and B (Twinrix) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Hepatitis B 40 mcg dialysis (Recombivax HB 40 mcg)			
<input type="checkbox"/> Hepatitis B (Engerix B) <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric			
<input type="checkbox"/> Meningococcal Conjugate ACYW-135 (Nimenrix)			
<input type="checkbox"/> Multicomponent Meningococcal B (Bexsero)			
<input type="checkbox"/> HPV (Gardasil9)			
<input type="checkbox"/> Other:			

Comments: \_\_\_\_\_

*Public Health Office Use*

Approved  Denied  Name: \_\_\_\_\_ Date: \_\_\_\_\_