nova scotia health authority

Biological Depot - Public Health, Central Zone
7 Mellor Avenue, Unit 5, Dartmouth, NS B3B 0E8
Fax or Email to: (902) 481-5923
PublicHealthVaccineOrders@nshealth.ca

Requisition for Publicly Funded Vaccine – Free Issue

COMPLETED BY: (required - Please Print)
Name:

Telephone:

Fax:

Date:

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

Request for High Risk Patients

Mode of Delivery - Order your vaccine by noon of the second Monday of the month; courier will deliver by end of week.

- 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

Last Name: _____ **First Name: _____**

DOB: _____ **PMI # _____**

Reason (check all that applies):

Medical indication	☐	**Specify _____**
Hepatitis C program	☐	
Case contact	☐	**Specify _____**
Risk Behaviour	☐	
Other	☐	**Specify _____**

Vaccine Requested

1. Immunizing Agent/Product: _____Doses Required:_____ Paediatric ☐ Adult ☐ (✓if applicable)

Has vaccine been requested for this client before? Y ☐ N ☐

2. Immunizing Agent/Product: _____Doses Required:_____ Paediatric ☐ Adult ☐ (✓if applicable)

Has vaccine been requested for this client before? Y ☐ N ☐

3. Immunizing Agent/Product: _____Doses Required:_____ Paediatric ☐ Adult ☐ (✓if applicable)

Has vaccine been requested for this client before? Y ☐ N ☐

Any further directions: _____

Public Health Office Use

Approved By: _____ Provider # _____

Date: _____ 1. Product # _____ Lot: _____ Doses: _____

Comment: _____ 2. Product # _____ Lot: _____ Doses: _____

Filled By: _____ Date: _____ 3. Product # _____ Lot: _____ Doses: _____