# Requisition for Publicly Funded Vaccine – Free Issue

## Request for High Risk Patients

Allow 3 Business days for your request to be completed.

### Mode of Delivery

- [ ] Deliver via Med Express. Contact Med Express to see if they deliver to your area and for associated costs
- [ ] 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 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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<th>DOB</th>
<th>PMI #</th>
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### Reason (check all that applies):

- [ ] Medical indication
- [ ] Hepatitis C program
- [ ] Case contact
- [ ] Risk Behaviour
- [ ] Other

### 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: __