



**Please only use for School Vaccines**  
**Physicians and Health Care Providers:**

Meningococcal-C-ACYW, Hepatitis B (adult dose) and Human Papillomavirus vaccines have been provided for you to have on hand to administer to **eligible student patients** in your practice. To order more vaccine, the health unit must be notified about who received previously ordered doses. This helps to monitor the usage of the vaccine, keep accurate records and decrease duplicate dosing. Please send in this form **once all doses have been given, OR monthly**, whichever comes first.

**Office Location:**

(please include office location in health care provider stamp/label)

**Please provide patient information labels (including name, DOB, health card number):**

Vaccine(s) given: \_\_\_\_\_  
Lot #: \_\_\_\_\_  
Date vaccine given: \_\_\_\_\_

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Lot #: \_\_\_\_\_  
Date vaccine given: \_\_\_\_\_

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Date vaccine given: \_\_\_\_\_

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Lot #: \_\_\_\_\_  
Date vaccine given: \_\_\_\_\_

**SCH.F.School Vaccines – HCP Reporting (Batch)**

This information is being collected confidentially for the purposes of compliance with the Immunization of School Pupils Act, R.R.O 1990, Reg.645 (as amended), to run effective school vaccine programs and to use publicly funded vaccine appropriately. The information will be entered into the Provincial Panorama immunization database. If you have questions about the collection of this information, contact the Vaccine Preventable Diseases Manager, 519-663-5317.