Hepatitis B Vaccine Order Form

***Each dose of Hepatitis B vaccine must be ordered individually.***

**Hepatitis B vaccine is funded for people in the following groups, who have not previously received a full dose of vaccine;**

* Children and young adults under 20 years of age
* All refugee and humanitarian entrants
* Household and sexual contacts of a hepatitis B positive person
* Intravenous drug users

Please use the order form on the reverse of this page. All information must be provided for vaccines to be approved for delivery. Please check the Australian Immunisation Register (AIR) for prior doses. All doses administered must be entered on to the AIR.

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| **Monovalent hepatitis B vaccine – Standard 3-dose schedule** | | | | | |
| Vaccine | Recipients age | Dosage | Volume in mLs | Number of doses | Dosing interval |
| Engerix-B (paediatric formulation) | < 20 years | 10 µg | 0.5 | 3 | 0, 1 and 6 months |
| Engerix-B (adult formulation) | > 20years | 20 µg | 1.0 | 3 | 0, 1 and 6 months |
| H-B-Vax ll (paediatric formulation) | < 20 years | 10 µg | 0.5 | 3 | 0, 1 and 6 months |
| H-B-Vax ll (adult formulation) | > 20years | 20 µg | 1.0 | 3 | 0, 1 and 6 months |
| **Monovalent hepatitis B vaccine – 2-dose schedule ONLY for adolescents aged 11-15 years** | | | | | |
| Engerix-B (adult formulation) | 11- 15 years | 20 µg | 1.0 | 2 | 0 and 6 months |
| H-B-Vax ll (adult formulation) | 11 – 15 years | 20 µg | 1.0 | 2 | 0 and 4 to 6 months |

ENGERIX-B & H-B-VAXII Vaccine Order Form (Hepatitis B)

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| **PRACTICE NAME:** |
| **PHONE NUMBER: SCHEDULED DELIVERY:** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous dose: Adult / Paediatric (Please circle)

Date/s of prior doses hepatitis B vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AIR Checked □

Reason dose required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office use only – Dose approved:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous dose: Adult / Paediatric (Please circle)

Date/s of prior doses hepatitis B vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AIR Checked □

Reason dose required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office use only – Dose approved:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous dose: Adult / Paediatric (Please circle)

Date/s of prior doses hepatitis B vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AIR Checked □

Reason dose required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office use only – Dose approved:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous dose: Adult / Paediatric (Please circle)

Date/s of prior doses hepatitis B vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AIR Checked □

Reason dose required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office use only – Dose approved:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_