

Medical Order for the Administration of Influenza Vaccine

Contact Ontario Health atHome at **1-800-810-0000**

Patient Name _____ HCN _____ VC _____ DOB _____
 Address _____ City _____ Province _____ Postal Code _____
 Patient Phone # _____ Contact Name _____ Contact Phone _____

Vaccination Information

Please administer the Influenza Vaccine to this client according to the chart below, providing the client or substitute decision maker gives informed consent and that there are no contraindications to the client receiving the vaccine.

¹ **Fluzone® High-Dose Quadrivalent** is a quadrivalent influenza vaccine only authorized for those 65 years of age and older

² **Fluzone® Quadrivalent** and **Fluzone® High-Dose Quadrivalent** are different products. Use caution when administering **Fluzone®** products to ensure the right vaccine is being administered to the right person.

Fluad® - 65 years and older

Fluad Pediatric® – 6 to 23 months Adjuvanted trivalent inactivated vaccine

*All children under 9 years of age who have not received any previous doses of influenza vaccine in a previous season require 2 doses at least 4 weeks apart.

Age Group	Quadrivalent Inactivated Vaccine (QIV)	High Dose Quadrivalent Inactivated Vaccine (High-Dose QIV)	Adjuvanted Trivalent Inactivated Vaccine	Doses Required
	<ul style="list-style-type: none"> ▪ FluLaval Tetra and Fluzone® Quadrivalent² are interchangeable for all age groups 6 months and over 	Fluzone® High-Dose ¹ Quadrivalent	Fluad® (65 years or older) Fluad Pediatric® (6 to 23 months)	
6-23 months	<input type="checkbox"/> 0.5 mL	-	<input type="checkbox"/> 0.25 mL	<input type="checkbox"/> 1 or <input type="checkbox"/> 2*
9-64 years	<input type="checkbox"/> 0.5 mL	-	-	<input type="checkbox"/> 1
≥65 years	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> 0.7 mL	<input type="checkbox"/> 0.5 mL	<input type="checkbox"/> 1

Select if Quadrivalent Inactivated vaccine (QIV) CAN be administered if High Dose QIV vaccine is unavailable

FAX referrals to Ontario Health atHome Intake Team toll free at 1-866-655-6402

Physician/Nurse Practitioner Information

Referring Practitioner Name _____ CPSO/CNO# _____

Phone _____ Fax _____ Pager _____

Signature _____ Date _____ Time _____