Medical Order for the Administration of Influenza Vaccine

Contact Home and Community Care Support Services HNHB 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.

Flucelvax® Quad is only authorized for individuals 2 years of age and over and should not be used in younger children

Afluria® Tetra is only authorized for individuals 5 years of age and older

**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
	FluLaval Tetra and **Fluzone® Quadrivalent**[2] are interchangeable for all age groups **Flucelvax® Quad** is only authorized for individuals 2 years of age and over **Afluria® Tetra** is only authorized for individuals 5 years of age and older	**Fluzone® High-Dose**[1] **Quadrivalent**	**Fluad®**	
6 -23 months	☐ 0.5 mL	-	-	☐ 1 or ☐ 2*****
2-8 years	☐ 0.5 mL	-	-	☐ 1 or ☐ 2*****
9-64 years	☐ 0.5 mL	-	-	☐ 1
≥65 years	☐ 0.5 mL	☐ 0.7 mL	☐ 0.5 mL	☐ 1

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

FAX referrals to Home and Community Care Support Services HNHB Intake Team toll free at 1-866-655-6402

Physician/Nurse Practitioner Information

Referring Practitioner Name _____CPSO/CNO# _____

Phone _____ Fax _____ Pager _____

Signature _____ Date _____ Time _____