

## Request for Hepatitis B Ordering

### Patient Information

Patient Full Name: \_\_\_\_\_

d Male                  Female

Date of Birth: \_\_\_\_\_

### GP Information

GP Full Name: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Address: \_\_\_\_\_

GP Email: \_\_\_\_\_

GP Phone: \_\_\_\_\_

Does the person fall into a below group for free Hepatitis B vaccine?

The following groups **only** are eligible for free catch-up Hepatitis B vaccine:

Aboriginal people	Sex workers
Immunosuppressed people	Clients of sexual health clinics
Injecting drug users	People with HIV or Hepatitis C
Refugees	Persons 10-19 years of age
Men who have sex with men	Household & sexual contacts of acute & chronic Hepatitis B cases

Further information on Hepatitis B vaccine shortage can be found in the following link

<http://www.health.nsw.gov.au/immunisation/Pages/hep-b-shortage.aspx>

Has this person had Hepatitis B vaccine previously:          YES          NO

If YES, please provide details:

\_\_\_\_\_

Why does this person require Hepatitis B vaccine?

\_\_\_\_\_

**Office Use Only**  
Vaccine Ordered

Date Ordered

Ordering Staff Member: \_\_\_\_\_