

Name of Physician office/Pharmacy/NP practice/Division

Influenza Vaccine Request Form — 2021/22 season Submit your request online at FHObservatory.checkbox.ca/Influenza-Vaccine-Request

If you can't submit online, fax your request to your local health unit (fax numbers are listed at bottom of form) We will contact you with a pick up time and date. Orders not picked up within 2-4 days will be cancelled.

Contact person:

If you have any vaccine remaining in your fridge from last season, please return it to the Public Health Unit.

| | ly Practice requesting vaccine: | | | |
|----------------|---|---|--|--|
| Address | S: | Mobile number: | | |
| Phone # | # : | Email address: | | |
| Fax: | | Health Unit: | | |
| Date of order: | | For Public Health use: Order filled by HUA/PHN: | | |
| | pose are you ordering vaccine? Primary care practice (i.e. physician office, NP pr | ractice) | | |
| what purp | pose are you ordering vaccine? | ractice) | | |
| what purp | pose are you ordering vaccine? Primary care practice (i.e. physician office, NP pr | ractice) | | |
| what purp | Primary care practice (i.e. physician office, NP properties of the estimated patient panel size? If vaccinating residents 65+ with Fluzone High-D | ractice) | | |
| what purp | Primary care practice (i.e. physician office, NP properties of the estimated patient panel size? If vaccinating residents 65+ with Fluzone High-D Assisted Living facility. Name of facility: | ose in Assisted Living/First Nations Community: | | |

| Population to be vaccinated/vaccine product | # doses requested | Doses provided | Lot Number |
|---|-------------------|----------------------|----------------------|
| | | Health Unit use only | Health Unit use only |
| Age 6 months + (intra-muscular) | | | |
| Age 2-17 years (intranasal spray) | | | |
| | | | |
| Age 65+ residents of Assisted Living facility or age 65+ residents of First Nations community | | | |
| Pneumococcal 23 polysaccharide | | | |
| | | | |

Important notes

- Consult our MHO updates for current information: www.fraserhealth.ca/mhoupdates
- Do not order vaccine for Long Term Care facilities; they receive vaccine directly from Public Health.

Care of vaccines:

- Maintain cold chain during transport
- Check and log your fridge temperature twice daily (vaccines should be stored between +2 to +8 degrees Celsius)
- Have all office staff review the BCCDC Quick Reference Guide for Vaccine Storage and Handling
- If you experience cold chain problems, contact the public health unit immediately and leave vaccine in fridge labelled "Do Not Use." Wait for further instructions from Public Health
- Return expired vaccine promptly Information regarding vaccines & schedules is available at: www.bccdc.ca

For any questions, please contact your local health unit. Fraser Health Public Health Units:

| Abbotsford HU | Agassiz HU | Burnaby HU | Chilliwack HU | Cloverdale HU, Surrey | Guildford HU, Surrey |
|---|---|--|---|--|---|
| Tel: 604-864-3400 | Tel: 604-793-7160 | Tel: 604-918-7605 | Tel: 604-702-4900 | Tel: 604-575-5100 | Tel: 604-587-4750 |
| Fax: 604-864-3410 | Fax: 604-796-8587 | Fax: 604-918-7630 | Fax: 604-702-4901 | Fax: 604-574-3738 | Fax: 604-587-4777 |
| Hope HU Tel: 604-860-7630 Fax: 604-869-2332 | Langley HU Tel: 604-539-2900 Fax: 604-514-8036 | Maple Ridge HU Tel: 604-476-7000 Fax: 604-476-7077 | Mission HU Tel: 604-814-5500 Fax: 604-814-5517 | New Westminster HU Tel: 604-777-6740 Fax: 604-525-0878 | TriCities HU, Port Moody Tel: 604-949-7200 Fax: 604-949-7211 |
| Newton HU, Surrey | North Delta HU | North Surrey HU | White Rock HU | South Delta HU | |
| Tel: 604-592-2000 | Tel: 604-507-5400 | Tel: 604-587-7900 | Tel: 604-542-4000 | Tel: 604-952-3550 | |
| Fax: 604-501-4814 | Fax: 604-507-4617 | Fax: 604-582-4811 | Fax: 604-542-4009 | Fax: 604-940-8944 | |