



# Influenza Vaccine Order Form – 2020/21 season

**Please fax your order 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.**

Name of Physician office/Pharmacy/NP practice/Division of Family Practice requesting vaccine: Address:  Phone #: Fax:	Health Unit:
	Physician's Division of Family Practice (if applicable):
Physician Office/Pharmacy/Division Contact person:	Date of order:
Email address:	For Public Health use: Order filled by HUA/PHN:

**\*\*PLEASE SEPARATE YOUR ORDER BASED USE (GENERAL, ASSISTED LIVING, OR MASS CLINICS)\*\***

## GENERAL OFFICE/CLINIC/PHARMACY USE

Product For details on each product, click <a href="#">here</a> .	Doses remaining in your fridge	Doses requested for the season <i>Fill out in your initial order only</i>	Doses requested for this order (the next two weeks)	Doses Provided <i>Health Unit use only</i>	Lot Number <i>Health Unit use only</i>
Flulaval Tetra (6 mos – 17 yrs)					
Flumist (2-17 yrs)					
Agriflu or Fluviral(18-64 yrs)					
Fluad (65+ yrs) <i>Available after Oct. 27</i>					
Pneumococcal 23 polysaccharide vaccine (See BCCDC indications for use <a href="#">here</a> )					

## ASSISTED LIVING FACILITIES/CLIENTS

Product	Doses request for the season	Total request for this order (next two weeks)	Name of Assisted Living Facility(ies)	Doses Provided <i>Health Unit use only</i>	Lot Number <i>Health Unit use only</i>
Fluzone High Dose (65+)					

## MASS CLINICS (Where more than 50 people will be immunized vaccine in a day)

		Age 6mos -17 yrs	Age 2-17 yrs	Age 18- 64 yrs	Age 65+
Date	Location/address	Flulaval Tetra	Flumist	Agriflu or Fluviral	Fluad
<b>Doses Provided <i>Health Unit use only</i></b>					
<b>Lot Number <i>Health Unit use only</i></b>					