



Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

SHINGLES VACCINE ORDER

Return this form, by fax 613-735-3067 Attn: VPD Team

SECTION A - PLEASE PRINT:

Physician(s) Office/CHC/FHT Name - (CHC/FHT- Please order vaccine as CHC or FHT not individual HCP):

Address: _____

Telephone: _____ Fax: _____

IMPORTANT: PLEASE ORDER DOSES REQUIRED according to the eligibility criteria: a single dose of Zostavax II vaccine is publicly funded for seniors between 65 and 70 years of age (i.e., up to the day prior to the 71st birthday). All wasted vaccine must be reported to the ministry of health in accordance with the guidelines.

Zostavax is a single dose. Please refer to the Product Monograph for vaccine use.

SECTION B: Please order the vaccine according to criteria on the attached Information Sheet.

VACCINE	BRANDS	DOSES ON HAND	DOSES REQUIRED
Shingles Vaccine	Zostavax		

By submitting this order and signing below, I verify on behalf of the practice the following:

- Refrigerators have maintained temperatures between +2°C to +8°C and temperatures are documented twice daily
- Accurate temperature logs will be provided upon request and are kept on site until our next annual cold chain inspection
- All temperature excursions outside of +2°C to +8°C (if applicable) have been reported to and recommendations regarding usage of the effected vaccines have been implemented by the practice
- A contingency plan is in place should a power outage and/or cold chain incident occur, including vaccine coolers and extra temperature monitoring devices.

Date: _____ **Signature:** _____

If you have any questions, please contact VPD Team at 613-735-8653.