



Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

COVID-19 Vaccine Order Form

2022

Return this form via e-mail at covidvaccineorders@rcdhu.com

Name of HCP/FHT Facility or Pharmacy	
Address including City/Town:	
Contact Names for Pickups 2 required:	
E-mail Address *required:	
Telephone & Fax Numbers:	(T) _____ (F) _____
Date form submitted to RCDHU:	D _____ MM _____ YYYY _____
Requested number of mRNA doses →	COMIRNATY ____ Pediatric COMIRNATY ____ Moderna ____

Vaccine will be distributed as equitably as possible based on availability.

		FOR RCDHU USE ONLY	
Product	DOSES ON HAND	Approved Allocation (Doses)	Scheduled Pick Up/Delivery
COMIRNATY® (6 Doses per vial)	_____	_____	Date: ○ Pick up ○ Delivery
Pediatric COMIRNATY® (10 Doses per vial)	_____	_____	Date: ○ Pick up ○ Delivery
Moderna COVID-19 Vaccine® (10 Doses per vial) Vaccine uptake	_____	_____	Date: ○ Pick up ○ Delivery

Planned Vaccination Clinic Date(s): _____

Notify RCDHU via email if changes are made to clinic date(s). Please email details to covidvaccineorders@rcdhu.com

Pick up/Delivery confirmed <input type="checkbox"/>	RCDHU staff Int: _____
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