



# Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

## INFLUENZA VACCINE ORDER FORM 2022/2023

**Return this form via e-mail at [vaccineorders@rcdhu.com](mailto:vaccineorders@rcdhu.com)**

Name of Facility/Organization:	
Name of all ordering practitioners at facility/organization:	
Address:	
E-mail Address <b>*required*</b>	
Telephone & Fax Numbers	(T) <span style="margin-left: 200px;">(F)</span>

**Please indicate in box below how many doses of influenza vaccine your facility/organization would like to have. Vaccine will be distributed as equitably as possible based on availability.**

			FOR RCDHU USE ONLY	
TYPE	DOSES ON HAND	DOSES REQUESTED	DISTRIBUTION 1 <sup>ST</sup> ALLOTMENT	DISTRIBUTION 2 <sup>ND</sup> ALLOTMENT
<b>≥6 months +</b> FluLaval®Tetra Fluzone®Quadrivalent <b>≥ 5 year +</b> Afluria Tetra®				
<b>≥ 65+</b> Fluzone®Quadrivalent High Dose (QIV-HD) Flud®Sequirus (TIV-adj)				

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOHLTC Vaccine Storage and Handling Protocols and Guidelines; maximum, minimum, and current temperatures are recorded at least twice. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

\*Print Name

\*Signature

\*Date (mm/dd/yyyy)