



# Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

## SEASONAL VACCINE ORDER FORM

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

Name of Facility/Organization		
Mailing Address		
E-mail Address <b>*required*</b>		
Telephone/Fax Numbers	(T)	(F)

HCP VACCINE ORDER				FOR RCDHU USE ONLY	
NAME OF PRODUCT	DOSES REQUESTED		DOSES ON HAND		DOSES DISTRIBUTED
<b>Influenza ≥6 months +</b> Fluviral® Fluzone®					
<b>Influenza ≥ 65+</b> Fluad® Fluzone High Dose®					
<b>RSV 75+**</b> Arexvy® Abrysvo® ** For individual high-risk RSV ≥60 orders, complete a <a href="#">High-Risk Order Form</a> **					
<b>RSV in Pregnancy</b> *Abrysvo® only *					
<b>RSVAb infant &amp; children ≤ 24 months**</b> Beyfortus®	50mg	100mg	50mg	100mg	50mg 100mg
<b>Covid-19 mRNA ≥6 months – 12 years</b>					
<b>Covid-19 mRNA ≥ 12+</b>					

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, current temperatures are recorded at least twice daily, **and it has adequate storage space to accommodate this order.**

\*Print Name

\*Signature

\*Date (mm/dd/yyyy)

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