Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

2026/2027 INFLUENZA/RSV VACCINE ORDER FORM

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

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

HCP VACCINE ORDER					**FOR RCDHU USE ONLY**	
NAME OF PRODUCT	**DOSES REQUESTED**		**DOSES ON HAND**		**DOSES DISTRIBUTED**	
Influenza ≥6 months + Fluviral® Fluzone® Flucelvax®						
Influenza ≥ 65+ Fluad® Fluzone High Dose®						
RSV 75+** Arexvy® Abrysvo® **** For individual high-risk RSV ≥60 orders, complete a High-Risk Order Form ****						
RSV in Pregnancy *Abrysvo® only *						
RSV infant & children ≤ 24 months** Beyfortus®	50mg	100mg	50mg	100mg	50mg	100mg

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains cold chain requirements **and it has adequate storage space to accommodate this order**.

☐ I have included a copy of temperature log sheets.

*Print Name	*Signature	*Date (mm/dd/yyyy)