



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)

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