PUBLICLY FUNDED ROUTINE



Vaccine order form

FAX TO: 519-539-6206 www.swpublichealth.ca

> Refer to	the Publicly Funded Immunization	n Schedules for Ontario for	eligibility criteria	<
• •	by of our fridge temperatures sin °C and min/max temperatures h			been stored
Orders received b	oy Monday at 3:30 p.m. will be av Thursday of tl	railable for pick up at 410 he same week	Buller St., Woods	tock by
Use the	Publicly Funded High Risk & Scho	ool Program Vaccine Order	for the following:	
School Program Vaccines Vaccines for High Ri			k Individuals	
Name of facility, physician, or	practice:			
Temp log verified, attached, a	nd order completed by:			
Date: Contact number:				
Common Name	Agent Name		Doses	Doses
			Remaining	Required
Pediacel/Pentacel	DTaP-IPV-Hib			
Adacel-Polio/Boostrix-Polio	Tdap-IPV			
Td Adsorbed	Td			
Adacel/Boostrix	Tdap			
Polio	IPV			
Menjugate/NeisVac-C	Meningococcal-C-C			
MMR II/Priorix	Measles, Mumps, Rubella (MMR)			
Priorix-Tetra/ProQuad	Measles, Mumps, Rubella, Varicella (MMRV)			
Prevnar 20	Pneumococcal Conjugate 20 *65 yrs+ and high risk people*			
Vaxneuvance	Pneumococcal Conjugate 15 *healthy children 6wks-4yrs*			
Rotarix	Rotavirus			
TB Mantoux/Tubersol	Tuberculin			
Varivax III/Varilrix	Varicella (chickenpox)			
Shingrix	Herpes Zoster (shingles)			
Other Supplies	Plastic Sleeves			

Yellow Cards