

### Vaccine Order Form

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

**Please Select Option**

Pick Up Thorold  Niagara Falls  Welland  Fort Erie  or Deliver to Facility

Vaccine	Code Name	Box Size	# boxes required
Diphtheria, Pertussis, Tetanus & Polio (4-6 yr booster)	Quadracel	5 x .5mL amps	
Injectable Poliomyelitis Vaccine	Imovax Polio	Single dose	
Pneumococcal (pneumo 23) <i>high risk only</i>	Pneumo	Single dose	
Tetanus & Diph. Toxoid Td Adsorbed (Adult use)	Sound	5 x .5mL amps	
Tetanus & Diph. Toxoid Adsorbed combined with Component Pertussis Vaccine (14-16 yr booster)	Adacel	5 x .5mL amps	
Measles, Mumps, Rubella (combined)	MMR	10 x .5mL amps	
Tuberculin Purified Protein Derivative 5TU (Mantoux) TB Skin Test	Bid	1mL = 10 tests	
Diph., Pertussis, Tetanus, Polio, ActHIB (up to 5 yrs only)	Pediacel	5 x .5mL amps	
ActHIB	Tall	5 x .5mL amps	
Pneumococcal Conjugate Vaccine (Pneu-C-13)	Prevnar	10 x .5mL amps	
Varicella (Varivax)	Chickenpox	Single dose	
Meningococcal-C	MenC	Single dose	
Measles, Mumps, Rubella, Varicella	MMRV	10 x .5mL amps	
Rotavirus	Rotarix	Single dose	
Tetanus, Diphtheria and Polio	Element	5 x .5mL amps	

**\*HIGH RISK PATIENTS ONLY MEET CRITERIA\***

Vaccine	Patients Initials & Reason	# of Boxes
Hepatitis B (Adult – single dose)		
Hepatitis B (Pediatric – single dose)		
Hepatitis A (Adult – single dose)		
Hepatitis A (Pediatric – single dose)		

Resources	
Immunization Schedule	
Immunization Cards	
Notify Pads	

**VACCINE ORDERS WILL ONLY BE PROCESSED WHEN ACCOMPANIED BY THE MOST CURRENT 4 WEEK TEMP LOG (INCLUDE UP TO PRESENT DAY PLEASE)**

**Order 1 month supply of vaccine as per Ministry guidelines.**

**Check and record fridge temps twice daily.**

**Allow 2 business days between ordering and pick-up**

Fact Sheets are available on-line at:  
[www.niagararegion.ca](http://www.niagararegion.ca)

**Fax this form to the Public Health office in Thorold 905-688-4667**