

Fall Respiratory Vaccine Order Form

1. Complete this form for Fall Respiratory Vaccines
2. **Vaccine orders must be faxed to 905-546- 3472** along with 4 weeks of logged (twice daily) current, minimum and maximum temperatures with your facility's name clearly identified on the log sheets. **Vaccine will not be released if log sheets are not received.**
3. Orders are processed within 2–3 business days from receipt, followed by delivery by your courier.
4. ***Client ID must be filled out for order to be processed.**

Practice Name: _____

Client ID*: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Fall Respiratory Disease	Description/Brand	# of Doses on Hand	# of Doses Needed
COVID-19	12+ years old		
	5 months to 11 years old		
RSV	Pregnant or Eligible 65+		
	50mg Approved for Infants < 5kg		
	100mg Approved for Infants ≥ 5kg		
Flu	Regular (6 months and older)		
	Regular Pre-filled Syringes (6 months and older)		
	High Dose Pre-filled syringes (For 65 years and older)		
	Trivalent (for 65 years and older)		

Immunization Resources	Numbers
Set of Yellow Immunization Cards (25/set)	
Vaccine Temperature Logbook	
Report Vaccines to Public Health "tear off record pad"	