



Monthly Vaccine Order Form

Requirements for Order to be Processed:

- Health Department nurse will assess and may adjust the order based on monthly vaccine usage.
- Site is to maintain no more than a **one-month supply** of vaccine in the fridge at any time.
- Complete **all sections** below and fax the order form with temperature logs to the site where you will pick up your vaccine (locations below). Orders can take up to 10 business days to process.
- Temperature logs must include all dates since last vaccine order (excluding flu and/or COVID-19 vaccine orders).

Last order (excluding flu and/or COVID-19 vaccine orders) was placed on (Y-M-D): _____

Fridge #:	Clinic/Provider:	Date (Y-M-D):
Contact Name:	Email:	
Phone:	Back Line:	Fax:

Resources & Vaccine Being Ordered: Vaccine Temperature Logbook
 Immunization Cards/Sleeves "Vaccinate then Update" Forms (Tear-off Pads)

Description	Code	Doses on Hand	Doses per Pkg	Doses Required
Tuberculin Purified Protein Derivative (5 TU)	BID (Mantoux)		10	
Haemophilus b Conjugate Vaccine (Tetanus Protein-Conjugate) Reconstituted with Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed with Inactivated Poliomyelitis vaccine	DTaP-IPV-Hib		5	
Inactivated Poliomyelitis Vaccine	IPV		1	
Meningococcal Conjugate C Vaccine	Men-C		10	
Measles, Mumps and Rubella Vaccine	MMR		10	
Measles, Mumps, Rubella and Varicella Vaccine	MMRV		10	
Pneumococcal 15 Valent Conjugate Vaccine	Pneu-C-15		10	
Pneumococcal 20 Valent Conjugate Vaccine	Pneu-C-20		10	
Human Rotavirus, oral vaccine	Rot-1		10	
Tetanus and Diphtheria Toxoids Adsorbed	Td		10	
Tetanus, Diphtheria Toxoids Adsorbed combined with Acellular Pertussis Vaccine	Tdap		5	
Tetanus, Diphtheria Toxoids Adsorbed Acellular Pertussis combined with Inactivated Poliomyelitis Vaccine	Tdap-IPV		10	
Varicella Virus Vaccine	Var		10	
Shingles Vaccine	Var-Zoster		1	

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Vaccine Storage and Handling line: 905-668-7711 ext. 3063