



Pneumococcal Vaccine Order Form

2018-2019

Please fax order to the attention of the Health Unit Aide at the nearest Health Unit:

Esquimalt Health Unit
Fax: 250-519-5312
Phone: 250-519-5311

Sooke Health Unit
Fax: 250-519-5184
Phone: 250-519-3487

Peninsula Health Unit
Fax: 250-544-2403
Phone: 250-544-2400

Victoria Health Unit
Fax: 250-388-2249
Phone: 250-388-2200

Saanich Health Unit
Salt Spring Health Unit
Fax: 250-744-1042
Phone: 250-519-5100

West Shore Health Unit
Fax: 250-519-3491
Phone: 250-519-3490

Physician, Clinic, Pharmacy, Group or Facility:

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

TOTAL NUMBER OF Pneumococcal Vaccine (Pneumovax® 23) DOSES REQUESTED _____

Please note: Pneumococcal vaccine (Pneumovax® 23) is a once in a lifetime vaccine for most eligible individuals. A once-only revaccination is recommended for select individuals with specific chronic diseases or immunosuppression.

To avoid over immunizing and adverse reactions, see the BCCDC Immunization Manual available at www.bccdc.ca: Click on the 'Health Professionals' tab, under 'Clinical Resources' click on 'Communicable Disease Control Manual' and click on 'Immunization'.

PLEASE NOTE:

- Cold chain must be maintained to ensure the potency of the vaccine.
- Bring a hard-sided cooler with ice packs when you pick up the vaccine.
- Store vaccine in the refrigerator between 2 and 8 °C.
- Return any expired or damaged vaccine to the local Health Unit.

Health Unit use only

Date order received: _____ Date order filled: _____

Date order picked up _____ by (Signature) _____

Doses of Pneumo P 23 Vaccine provided: _____ Lot # _____ Expiry Date _____