



## Vaccine Order Form

**RETURN TO:**  
**Campbell River Health Unit**  
**Fax: 250-850-2454**  
 #200 – 1100 Island Highway  
 Campbell River, BC V9W 8C6  
**Phone: 250-850-2110**

Vaccine Provider Name(s): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Order: \_\_\_\_\_ **Allow at least 3 working days (Monday to Friday) to fill your order. Vaccine will be distributed based on available products and supply. We will NOT backfill orders.**

Number of DOSES	Vaccine	Health Unit Use Only		
		Lot #	Expiry Date	F
	DTaP-HB-IPV-Hib, Infanrix-hexa®			
	DTaP-IPV-Hib, Infanrix®-IPV/Hib or Pediacel®			
	Haemophilus influenza type B, Act-HIB® or Hiberix®			
	Hepatitis A - Pediatric			
	Hepatitis A - Adult			
	Hepatitis B - Pediatric, RecombivaxHB® or Engerix®-B			
	Hepatitis B - Adult, RecombivaxHB® or Engerix®-B			
	Hepatitis B - Adult - Dialysis/Predialysis, RecombivaxHB® or Engerix®-B			
	Human Papillomavirus, Gardasil®9			
	Measles/Mumps/Rubella, MMRII® or Priorix®			
	Measles/Mumps/Rubella/Varicella, ProQuad™ or Priorix-Tetra®			
	Meningococcal C Conjugate, Neisvac-C® or Menjugate®			
	Meningococcal Quadrivalent Conjugate A, C, Y, W-135, Menveo®, Menactra® or Nimenrix®			
	Pneumococcal Conjugate 13, Prevnar® 13			
	Pneumococcal Polysaccharide 23, Pneumovax® 23			
	Inactivated Polio, Imovax® Polio			
	Rotavirus, RotaTeq®			
	Td Adsorbed			
	Tdap, Adacel® or Boostrix®			
	Tdap-IPV, Adacel®-Polio or Boostrix®-Polio			
	Varicella, Varilrix® or Varivax® III			
	Tetanus Immune Globulin, Hypertet® S/D. Hospitals & urgent care centres only.			
	Special Orders:			

**For current information on publicly funded routine immunizations and vaccines for at-risk populations, call your local health unit or go to [www.bccdc.ca](http://www.bccdc.ca). Click the 'Health Professionals' tab, under 'Clinical Resources' click on 'Communicable Disease Control Manual' and click on 'Chapter 2: Immunization'.**

<b>Health Unit Use Only:</b>		
Date Order Received: _____	Date Order Filled: _____	Filled By: _____
Picked Up By: _____		