



Vaccine Order Form

RETURN TO:
Comox Valley Public Health
Nursing
 Fax: 250-331-8521
 961 England Avenue
 Courtenay, BC V9N 2N7
 Phone: 250-331-8520

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. Click the 'Health Professionals' tab, under 'Clinical Resources' click on 'Communicable Disease Control Manual' and click on 'Chapter 2: Immunization'.

Health Unit Use Only:
 Date Order Received: _____ Date Order Filled: _____ Filled By: _____
 Picked Up By: _____