



Vaccine Order Form

RETURN TO:
Oceanside Public Health Services
Fax: 250-947-8241
 494 Bay Street
 Parksville, BC V9P 1C7
Phone: 250-947-8242

Vaccine Provider Name(s): _____ Contact Person: _____

Phone Number: _____ Fax Number: _____ Email address: _____

Date of Order: _____

See Vaccine Ordering Schedule. 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: _____