

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

## 2023-2024 INFLUENZA VACCINE ORDER FORM

Submit this completed form and the last 4 weeks of temperature logs to: Fax 519-977-1711 or [vaccine@wechu.org](mailto:vaccine@wechu.org)

Requirements for vaccine pick up include:  
 Pre chilled cooler that is between 2.0 – 8.0 degrees C  
 2 frozen ice packs  
 2 refrigerated water blankets  
 Working Thermometer

For more information contact 519-258-2146 Ext. 1121 or [vaccine@wechu.org](mailto:vaccine@wechu.org)

Date:				
Facility Name:			Contact Name:	
Phone #:			Fax #:	
Pick-up Location:    Medex <input type="checkbox"/> Windsor Health Unit <input type="checkbox"/> Leamington Health Unit <input type="checkbox"/>				
Description	Vaccine Formulation	UIIP Eligibility	# Doses on Hand	# Doses Required
FLUZONE / FLULAVAL (Multi-dose vial or prefilled syringe) (MDV) 657144000 (PFS) 657144200	Quadrivalent (QIV)	6 months and Older		
FLUZONE HIGH-DOSE (PFS) 657155100	Quadrivalent (QIV)	65 years and Older		
FLUAD (PFS) 657133520	Adjuvanted Trivalent (TIV-ADJ)	65 years and Older		