

## VACCINE ORDER FORM

FAX: 519-977-1711 | EMAIL: [vaccine@wechu.org](mailto:vaccine@wechu.org)

All current order forms are available online at [wechu.org](http://wechu.org)

Date:	Date of Pick-up: <i>Please allow <b>4 business days</b> for vaccine orders to be filled.</i>
Facility Name:	Telephone Number:
Contact Person:	Fax Number:
Pick up by: <input type="checkbox"/> Medex OR Pick up at WECHU Site: <input type="checkbox"/> Windsor <input type="checkbox"/> Leamington	

*Please order 1 month supply as per Ministry Guidelines*

Routine Vaccines	Current Stock # of doses	# of doses required
<b>Adacel or Boostrix</b> (Tdap - Tetanus, diphtheria, acellular pertussis) for ≥ 7 years		
<b>Adacel-Polio or Boostrix-Polio</b> (Tdap-IPV) booster for 4 – 6 years		
<b>HIB</b> (Haemophilus influenzae type b conjugate)		
<b>Inactivated Polio Vaccine (IPV)</b> single dose		
<b>Meningococcal - C - Conjugate</b> for ≥ 1 year		
<b>MMR II or Priorix</b> (measles, mumps & rubella) for ≥ 1 year		
<b>MMRV</b> (measles, mumps, rubella & varicella) for 4 to 11 years		
<b>Pediacel</b> (Diphtheria, Tetanus, Pertussis, Polio & Haemophilus influenzae b for infants)		
<b>Pneumovax 23</b> (pneumococcal polysaccharide) ≥ 65 years or high risk individuals		
<b>Prevnar 13</b> (pneumococcal conjugate) for infants & children < 5 years or high risk adults ≥ 50 years		
<b>Rotavirus</b> oral vaccine		
<b>Shingles Vaccine</b> for adults 65-70 years		
<b>Td</b> (Tetanus & diphtheria) for ≥ 7 years		
<b>Tubersol</b> (mantoux) for TB testing		
<b>Varivax or Varilrix</b> (chicken pox) for ≥ 1 year		
<b>Supplies</b>	<b># Required</b>	<b>Supplies</b>
Immunization Cards (50 per bundle)		Immunization Sleeves (50 per bundle)
Health Care Provider Immunization Reporting Forms (50 per bundle)		Temperature log book (1 per order)

**Vaccine orders will only be processed when accompanied by the most recent 4 week temp logs.**

**Coolers must be pre-chilled between 2-8°C.**

**All transport equipment must be present when picking up vaccines.**