#

Public Health Services

60 Vancouver Street

Yarmouth, NS B5A 2P5

Phone # 902-742-7141/Fax # 902-742-6062

# Requisition for Influenza Vaccine 2019-2020

#  Product Requisition ID #

**Full Name** of **Service Provider** and **Shipping Address**

(Doctor/Medical Centre, Agency or Pharmacy with Store Number)

# Completed By (Please Print)

Name:

Telephone:

Fax:

Date:

**Mode of Delivery:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pick up Location:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | RWH Pharmacy |  | Public Health Yarmouth |
|  | Public Health Barrington |  | YRH Pharmacy |
|  | A.M. Clark Health Centre |  | Public Health Meteghan |
|  | Public Health Digby |  | Clare Health Centre |
|  | Digby General Hospital |  |  |

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 ***\*\* Vaccines will not be released without a hard sided cooler with lid, packing material and ice pack\*\****

This form is for ordering publicly funded seasonal influenza

* Order vaccine on a biweekly basis
* **It is required to fill “Doses on Hand”.**

**Required Information**: (If applicable) Number of Physicians in Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Fridge: [ ]  Full Size - # of Fridges\_\_\_\_\_\_\_\_ [ ]  Bar - # of Fridges \_\_\_\_\_\_\_\_

***\*\*Product must be stored in a temperature monitored refrigerator that is kept between 2-8***˚***C\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Production Description | Doses per package | Doses on Hand**\*REQUIRED\*** | Doses Ordered | Doses Filled |
| Seasonal Influenza Vaccine | 10 |  |  |  |

|  |
| --- |
| Do not complete this area until Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vaccine is received from Public Health.  Thank you Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Vaccine Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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