

COVID-19 VACCINE ORDER FORM 2025-2026

acility Name:				
ontact Person(s)	:			
ax:		Phone:		
e publicly funded C	OVID-19 vaccines ava	ilable this year include:		
• •	,	e 6 months of age and older		
2. Comirnaty [®] (Pfizer BioNTech) –	for those 5 years of age and older		
	Your order will be fill	ed with the age-appropriate vaccine that we	have in stoc	k.
When administer	ing vaccine, please p	ay special attention to the product and form	ulation. Age	ranges and
			-	
		amounts vary.		
	Age Group	amounts vary.		# Doses
	Age Group		# Doses on Hand	# Doses Ordering
COVID-19 Vaccine	Age Group 6 months to 4 years	amounts vary.	# Doses	
COVID-19	6 months to 4	Amounts vary. Product (Circle one) Spikevax® (Moderna) Spikevax® (Moderna)	# Doses	
COVID-19 Vaccine LP.8.1	6 months to 4 years 5 years to 11	Amounts vary. Product (Circle one) Spikevax® (Moderna)	# Doses	
COVID-19 Vaccine LP.8.1	6 months to 4 years 5 years to 11 years 12 years+	Amounts vary. Product (Circle one) Spikevax® (Moderna) Spikevax® (Moderna) OR Comirnaty® (Pfizer BioNTech) (NOTE: Age ranges and dosage amounts	# Doses on Hand	Ordering

Reminder: All cold chain failures (temperatures found outside of the +2.0° to +8.0°C range) must be reported immediately to the Grey Bruce Public Health nurse responsible for your facility. Until the efficacy of your vaccine has been determined by this nurse, you must not administer any of this vaccine.

Please allow one week for processing vaccine orders.

Please attach temperature logs with orders.

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