## 2025/2026 Influenza Vaccine Order Form



To: Grey Bruce Public Health		Fax: 519-376-7782	Phone: 519-376-	9420
Date:				
Facility Nar	me:			
Contact Person:				
Fax:		Phone:		
The publicly	funded influenza vacc	ines available this year includ	le:	
Fluce 2. High-	<b>elvax®)</b> -Dose trivalent inactiv	nes (TIV) for those 6 months of ated vaccine (HD-TIV) for thos		
•		vated vaccine (TIV-adj) for thos	se 65 years of age and o	lder
Your or	der will be filled wi	th the age-appropriate vac	cine that we have in	stock.
	<u>LY</u> authorized for inc	zone® High-Dose are DIFFE lividuals 65 years of age and Idministering these product	d older. Please use ca	_
	Age Group	Products	# Doses on Hand	# Doses Ordering
Influenza Vaccine	6 months and older	Fluzone® OR Fluviral® OR Flucelvax®		
	65 years and older	Fluzone High Dose <sup>©</sup> OR Fluad <sup>®</sup>	0	
-		Delivery $\square$ Pick up at Pu		ours after

Reminder: all cold chain failures (temperatures found outside of the +2.0°C 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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