VACCINE ORDER FORM-Long Term Care and Retirement Homes



To: Grey Bruce Public Health Fax: 519-376-7782 Phone: 519-376-9420

ate:	Time:	*Must attach temp logs	*Must attach temp logs from last order date to current*		
equesting Facility:			GBHU US	GBHU USE ONLY:	
ontact Person(s):					
nx:	I	Phone:	-		
		ng vaccine orders. monthly order and delivery sched C (Trade Name)	ule. Doses on Hand	Doses Required	
_	Adacel® or Boostrix® –				
Adults who	are due for a Td booster should	receive 1 dose of Tdap vaccine.			
Pneu-P-2	23 – Pneumococcal 23 (1	Pneumovax® 23)			
TB - Tul	bersol® –				
- tra - Im - wl m -	ansmission To screen new immigrants in acommigration Canada To screen people for whom it is ho are immune compromised or ore susceptible to TB disease To screen people less than 65 yours. Il need to purchase any non-fun	following situations only: ctive tuberculosis to assess for possible cordance with directives from Citizenship and deemed medically necessary, including those r undergoing treatment that would make them ears of age prior to admission to long term care ded Tubersol directly from the manufacturer or			
- Eli	hingrix®) *2-dose immunigible for individuals 65-70 years igibility expanded to include the				

Reminder: All cold chain failures (temperatures found outside of the 2° to 8°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.

Other – such as Td or high risk vaccines.

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