

Eligibility Criteria for Trivalent Inactivated Influenza Vaccine - 2011/2012

All individuals aged 6 months or older, who live, work or attend school in Ontario.

This order form is for the following groups:

This order form is for use by those who do not need to prequalify to participate in the UIIP. This includes (but is not limited to):

- physicians
- long-term care homes *
- public hospitals
- community health centres
- family health teams
- nurse practitioners

* LTCHs should not order influenza vaccines during the 2011/2012 season for residents aged 65 years and older. For these individuals a supply of vaccine will be shipped to LTCH by local public health unit or by OGPMS. To order influenza vaccine for residents under 65 years of age and/or staff and/or for community clinics LTCHs should contact their local vaccine supply source or complete this form.

Note: If your organization does not bill the Ontario Health Insurance Plan (OHIP) directly a vaccine utilization report must be completed for all influenza vaccine administered. Complete **ALL FIELDS** of this form in order to process your order.

For organizations Prequalified for the UIIP: DO NOT USE THIS form, use *Influenza Vaccine Order Form for those that Prequalified to Participate in the UIIP – 2011/2012*, form number 4344-64.

For Toronto providers (located within the "M" postal code): If your office is closed during regular business hours, give an alternative delivery address that has an inspected and monitored vaccine refrigerator.

Health Unit/OGPMSS Client No.

Name of health care provider and delivery address

**Return this form to:
Your Vaccine Supply Source (Health Unit or
OGPMSS)**

MUST BE COMPLETED

Influenza Vaccine Inventory – Specify number of DOSES in each field below

 No. of **Doses on Premises**

 No. of **Doses** required

Individual Ordering Vaccine

 Last name, First name (*please print*)

Signature

Date (yyyy/mm/dd)

Telephone Number (include Area Code, extension)

Fax Number (include Area Code)