

Order Information		
Order Date	Date of Pickup Two business days after order is received. (Exception: Malton and Davis Centre locations)	
Physician(s) (Please indicate all physicians' names in practice)		Practice Name
Address		
City	Postal Code	Telephone Number
Contact Person (Last Name, First Name)		Number of Physician(s) and/or NP(s) in facility

Pick-up Locations	
Please check your pick-up location (select only one)	
<input type="checkbox"/> Central - 44 Peel Centre Drive, Brampton (Final pick up date: October 14 th , 2010)	<input type="checkbox"/> Meadowvale-6975 Meadowvale Town Centre Circle, Mississauga
<input type="checkbox"/> Fairview - 325 Central Parkway West, Unit 21, Mississauga	<input type="checkbox"/> South Millway -2227 South Millway, Mississauga (Closed on FRIDAYS)
<input type="checkbox"/> Malton - 7330 Goreway Dr. Mississauga (Open on MONDAY: Pick up after 1:30 pm and WEDNESDAY: Pick after 3:00 PM ONLY)	<input type="checkbox"/> The Davis Centre - 80 Allan Drive, Bolton (Scheduled pick-up only)
<input type="checkbox"/> Hurontario – 7120 Hurontario Street, Mississauga (After October 19 th , 2010)	

Recommended Recipients of Influenza Vaccine for the 2010/2011 Season (NACI; Volume 36 ACS August 2010)	
<p>Persons at high risk of influenza-related complications</p> <ul style="list-style-type: none"> ▪ Persons [Adults (including pregnant women) and children] with chronic health conditions ▪ People ≥ 65 years of age ▪ People of any age who are residents of long term care or retirement homes ▪ Healthy children 6 to 23 months of age ▪ Healthy pregnant women <p>People capable of transmitting influenza to those at high risk</p> <ul style="list-style-type: none"> ▪ Healthcare and other care providers in facilities and community settings ▪ Household contacts (adults and children) of individuals at high risk of influenza-related complications ▪ Household contacts of infants < 6 months of age who are at high risk of complications from influenza but for whom influenza vaccine is not authorized ▪ Persons providing regular child care to children < 24 months of age, whether in or out of the home ▪ Persons who provide services within close or relatively closed settings to persons at high risk. <p>Other</p> <ul style="list-style-type: none"> ▪ People who provide essential community services ▪ People in direct contact during culling operations involving poultry infected with avian influenza <p>Special Considerations</p> <ul style="list-style-type: none"> ▪ Persons with morbid obesity ▪ Aboriginal peoples ▪ Healthy children 2 to 4 years of age <p>Others who will benefit from immunization</p> <ul style="list-style-type: none"> ▪ Healthy persons 5 to 64 years of age ▪ Travelers 	

Current stock on Hand _____	Number of doses required: _____
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By submitting this order, I _____ verify on behalf of the practice that the fridge storing publicly funded vaccines, at the location listed above, maintains cold chain temperatures (between +2.0°C to +8.0°C), and meets MOHLTC Vaccine Storage and Handling Guidelines.

I understand that we may be required to provide accurate temperature logs upon request and that temperature logs must be kept on-site for a minimum of 3 years.

Signature _____ Date _____

FOR PEEL REGION OFFICE USE ONLY	
<input type="checkbox"/> Fluviral® No. of boxes _____ Lot # _____ Expiry date _____ <input type="checkbox"/> Vaxigrip® No. of boxes _____ Lot # _____ Expiry date _____	Vaccines Order Packed By: _____ Date Sent: _____

Vaccine Management and Physician Information Team Telephone: 905-791-7800 ext. 6404 Fax: 905-793-4858