

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Use this form for new healthcare providers requesting to store and handle publicly funded vaccines.
2. Complete all mandatory fields (*) – missing or incomplete information will result in delays. The information on this form is collected, used, and disclosed under the authority of the Health Protection and Promotion Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act.
3. Email your completed request to VaccineInventory@york.ca and a member of our Vaccine Inventory Team will contact you with further instructions. You may also fax the completed form to **905-830-0578**.
4. Visit york.ca/VaccineInventory for more information or contact us at VaccineInventory@york.ca or **1-877-464-9675 ext. 74033**.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Facility Name:

*Owner's Name:

*Primary Healthcare Provider:

Important program updates are circulated via email only

*Email:

*Phone Number:

*Fax:

Unit Number:

*Street Number:

*Street Name:

*City/Town:

*Postal Code:

SECTION 3 – SELECT PREFERRED PICK-UP LOCATION (*PLEASE SELECT ONE)

*Please visit york.ca/VaccineInventory for information on pick-up times.

Newmarket
17150 Yonge Street

Richmond Hill
50 High Tech Road

Georgina
24262 Woodbine Avenue

Vaughan
9060 Jane Street

Markham
4261 Highway 7 East

SECTION 4 – REFRIGERATOR INFORMATION

*Number of Refrigerator(s):

*Type of refrigerator(s): Bar Domestic Purpose-built

SECTION 5 – VACCINE TYPE

[Publicly Funded](#)

[COVID-19](#)

Both

SECTION 6 – TYPE OF PRACTICE

Hospital Long-Term Care Home Retirement Home Physician Pediatrician Nurse Practitioner
Midwife Family Health Team Congregate Living Setting School Treatment Centre Nursing Agency

Complete and submit pages 1 and 2 

SECTION 7 – HEALTHCARE PROVIDER DETAILS *Number of Immunizers:

Name	License Number	Specialty (If applicable)
1.		
2.		
3.		
4.		
5.		

I declare on behalf of the practice that all healthcare providers at the practice are in good standing with their respective professional regulatory bodies in Canada or any other country. Yes No

If you answered "No", please provide details of the issue:

SECTION 8 – ACCOUNTABILITY STATEMENT

By submitting this application, I verify on behalf of the practice that all information provided in this application is accurate. I will review, implement and comply with the Ministry of Health's Vaccine Storage and Handling Guidelines, Protocols and guidance documents. I understand that I am required to maintain accurate temperature logs onsite for a minimum of two years, which will be made accessible to York Region Public Health upon request. I agree to administer publicly funded vaccines in accordance with all applicable laws, Ministry of Health directions and guidelines. I agree that I will take due diligence to mitigate wastage of publicly funded vaccines which includes, but not limited to, storing no more than a one-month supply of vaccines, having a contingency plan to manage fridge failure/power outage, and reporting adverse storage conditions in a timely manner. Furthermore, I understand that it is the responsibility of the practice to arrange for safe vaccine transport from York Region Public Health using a Ministry of Health-approved properly pre-conditioned insulated container. By signing below, I am agreeing to the above.

*Print name of Owner *Signature *Date (mm/dd/yyyy)

*Print Name of Primary Healthcare Provider (must be listed in Section 7) *Signature *Date (mm/dd/yyyy)

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File assigned as per FSA		Licence search	
Panorama Entry		Holding Point Code	YOR_NW_
VOICES Entry		Inspection	
Versatile created		RAVE created	
Comments			