

UIIP 2026-2027 Influenza Vaccine Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Complete all mandatory fields (*) – missing information will result in delays to your order.
2. Maintain no more than one month supply of any vaccine. Do not overstock your refrigerator.
3. Enter current refrigerator inventory amount. Enter "0" if there is no vaccine.
4. Include the most current five business days of refrigerator temperature logs.
5. Email all pages to VaccineInventory@york.ca or fax to **905-830-0578**.
6. Pick up your order once you receive a notification from York Region Public Health by telephone call or e-mail.

Reorders for influenza vaccines can be placed starting October 26, 2026. Reorders submitted prior to October 26, 2026 will not be accepted or processed.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Holding Point Code: YOR_NW

*Healthcare provider/Practice name

*Order date (mm/dd/yyyy)

*Number of immunizer(s)

*Type of practice:

☐

General practice

☐

Pediatrician

☐

Other:

*Number of refrigerator(s)

*Type(s) of refrigerator:

☐

Bar

☐

Domestic

☐

Purpose-built

*Contact person

*Phone number

*Fax

*Email

Unit number

*Street number

*Street address

*City/Town

*Postal code

SECTION 3 – PICK-UP LOCATIONS

*** Select pick-up location. Our office hours are 8:30 a.m. to 4:30 p.m., Monday to Friday at all locations.**

- ☐ Newmarket 17150 Yonge St.
 ☐ Richmond Hill 50 High Tech Rd.
 ☐ Markham 4261 Highway 7 E.
 ☐ Vaughan 9060 Jane St.
 ☐ Georgina 24262 Woodbine Ave.

SECTION 4 – ACCOUNTABILITY STATEMENT

By submitting this order, I verify on behalf of the practice that the refrigerator storing publicly funded vaccines, at the location listed above, maintains temperatures between +2.0°C to +8.0°C; meets MOH Vaccine Storage and Handling [Protocols](#) and [Guidelines](#); maximum, minimum, and current temperatures are recorded at least twice daily. Furthermore, I verify that no more than one month supply of vaccine is stored at the location listed above; red-dotted and short-dated vaccines are used first; expired vaccines are never administered and are returned as wastage; a review of vaccine inventory and checking for expired vaccines has been completed before placing orders; and all due diligence has been taken to prevent the wastage of publicly funded vaccines. I understand that I am required to maintain accurate temperature logs that must be kept onsite for a minimum of two years and made accessible to York Region Public Health upon request. Upon vaccine pick-up, I will have the necessary materials for the safe transport of publicly funded vaccines including properly conditioned hard sided, insulated container, digital temperature monitoring device, and appropriate packaging material.

*Print Name

*Signature

*Date (mm/dd/yyyy)

Complete and submit pages 1 and 2

SECTION 5 – VACCINE INVENTORY AND REQUEST

Trade Name(s) (Subject to Availability)	Vaccine	Indication	Format	Current Inventory (Number of Doses)	Number of Doses Requested
Fluviral® Fluzone® Flucelvax®	TIV	6 months and older	Multi-dose Vial / Pre-filled Syringe		
Fluad®	TIV-adjuvanted	65 years and older	Pre-filled Syringe		
Fluzone® High-Dose	TIV-HD	65 years and older	Pre-filled Syringe		

Refer to the eligibility criteria, dosage, and recommended dosing intervals for [Ontario's Universal Influenza Immunization Program \(UIIP\)](#) for further details.

(OPTIONAL) NOTES ON VACCINE ORDER

FOR OFFICE USE ONLY

Printed by/date:		Picked by/date:	
Entered by/date:		Packed by/date:	
Sorted by/date:		Audited by/date:	