

2026-2027 COVID-19 Vaccine Order Form

SECTION 1 – INSTRUCTIONS FOR HEALTHCARE PROVIDERS

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.
7. Receive the order electronically in Panorama Guided Workflow (PGW) as soon as it arrives at your facility.

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

*Holding Point Code: YOR_NW *Order date (mm/dd/yyyy)

*Healthcare provider/Practice name

*Contact person *Phone number

*Email

*Unit number *Street number *Street address

*City/Town *Postal code

*Type of practice: ☐ General Practice ☐ Pediatrician ☐ Other:

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

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](#); and that 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 wastage recorded and reported; 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/yy)

Complete and submit pages 1 and 2

SECTION 5 – VACCINE INVENTORY AND REQUEST

Trade Name	Age Indication	Dosing	Format	Current Inventory* (Number of Doses)	Number of Doses Requested
Spikevax®	6 months and older	6 months to 11 years of age: 25mcg/0.25mL 12 years and older: 50mcg/0.5mL	Multi-dose vial / Pre-filled Syringe		

Refer to the eligibility criteria, dosage, and recommended dosing intervals for [Ontario's COVID-19 Vaccine Program](#) for further details.

*Ensure all COVID-19 vaccinations are recorded in PGW within seven (7) days of administration to maintain accurate inventory records and support vaccine order review. Similarly, adjust any wasted doses of COVID-19 vaccine out of your inventory in PGW in a timely manner.

(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:	