

**Annual Influenza Vaccine Order Form – North Shore Physicians**

**A. INSTRUCTIONS**

1. Complete this form & return it by fax to the above office by: **April 11, 2013**
2. Submit only one form per group practice.
3. Please do not discard unused vaccines → → return them to where you normally pick-up vaccines.

**B. PRACTICE INFORMATION**

Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 : \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax#: \_\_\_\_\_

Practice MDs (List/stamp) providing FLU vaccine in 2013-14
_____
_____
_____

**Client-base: approx. % of your Practice Clients by age group**

**PLEASE NOTE:** Unless you request otherwise the proportions you give here will be used by VCHA to calculate the # of doses of each age-group specific influenza vaccine provided for your practice .....

Children \_\_\_\_\_ %  
 Adult \_\_\_\_\_ %  
 Older Adults (65+ yrs) \_\_\_\_\_ %

**C. Influenza Vaccine Order for the 2013-2014 Influenza Season**

Requirement for the Practice: ..... Total # doses

**D. Preferred Pick-Up Site (check appropriate site)**

NB: Location is subject to change/ vaccine may be provided from a central depot site

North Shore Community Health Centres	
6 <sup>th</sup> floor, 132 West Esplanade, North Vancouver	West Community Health Center, 2121 Marine Drive, West Vancouver

**E. Please Keep a Copy of this Form for Your Records**

*In addition to fax, would you like to receive public health updates via email? If so, please provide email address(s). Email \_\_\_\_\_*

For VCH Office Use Only				R#
Date:		Date:		