

COVID-19 VACCINE ORDER FORM 2024-2025



To: Grey Bruce Public Health

Fax: 519-376-7782

Phone: 519-376-9420

Date: _____

Facility Name: _____

Contact Person(s): _____

Fax: _____ Phone: _____

AGE GROUP	PRODUCT (Trade Name)	# DOSES ON HAND	# DOSES ORDERING
Ages 12 and older	Pfizer Comirnaty KP.2 (6 dose vial)		
Ages 6 months and older	Moderna Spikevax KP.2 (5 dose vial)		

Request vaccine transport: Delivery Pick-up at Public Health Office

If pick-up, designate date & time: _____

Reminder: All cold chain failures (temperatures found outside of the 2° to 8°C range) must be reported immediately to the Grey Bruce Public Health nurse responsible for your facility. Until the efficacy of your vaccine has been determined by this nurse, you must not administer any of this vaccine.

Please allow one week for processing vaccine orders.

Please attach temperature logs with orders.