



Staff Immunization Vaccine and Tuberculin Order Form

Fax completed form to Pharmacy

Pharmacy	Fax Number (order)	Phone (questions or concerns)
Bethesda Regional Health Centre	(204) 346-1088	(204) 346-5162
Boundary Trails Regional Health Centre	(204) 331-8911	(204) 331-8910
Portage District General Hospital	(204) 857-4356	(204) 239-2201

Date: _____

Contact Person: _____

Phone Number: _____ Email: _____

This is a Staff Immunization Clinic **Inventory Order** (For Occupational Health Nurse Use Only):

Item	Doses Requested	Delivery Site	Special Delivery Instructions	For Pharmacy Use Only:	
				Ordering:	Lot/Exp:
MMR (Priorix®) Single Dose Vial (0.5 mL) 10/Box				MB Vaccine Warehouse	
Varicella (Varivax III®) Single Dose Vial (0.5 mL) 1/Box				MB Vaccine Warehouse	
Hepatitis B (Engerix-B®) Adult PFS (20 mcg/mL) 1/Box				MB Vaccine Warehouse	
Tdap (Boostrix®) Single Dose Syringe (0.5 mL) 10/Box				MB Vaccine Warehouse	
Tuberculin (Tubersol®) 5 Doses/Vial (1 mL)				MB Vaccine Warehouse	
EPINEPHrine 1mg/mL Ampoule (1 mL)					
DiphenhydrAMINE 50 mg/mL Vial (1 mL)					
Other					

This form is for Occupational Health Staff Immunization use only.