

**Complete and return this order form to place your Pandemic Influenza A H1N1-2009 vaccine order.
 All fields must be completed to process the order.**

For Toronto providers (located within the "M" postal code): If office is closed during regular business hours, give an alternative delivery address that has an inspected and monitored vaccine refrigerator.

(Name of agency and delivery address) **MUST BE COMPLETED**	Return this form to: Your Vaccine Supply Source (Health Unit or OGPMS)
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Health Unit/OGPMSS Client No.

Telephone No. (incl. Area code, ext)

Recommended Recipients for Pandemic Influenza A H1N1-2009:
Recommended Sequence for Immunization
Group 1. Those who will benefit most from immunization and those who care for them:

- Adults (including pregnant women) and children under the age of 65 with the following chronic health conditions:
 - Cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma)
 - Diabetes mellitus and other metabolic diseases
 - Cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy)
 - Renal disease
 - Anemia or hemoglobinopathy
 - Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration
 - Children and adolescents with conditions treated for long periods with acetylsalicylic acid.
- Pregnant women
- Children 6 months to less than 5 years of age
- Persons residing in remote and isolated settings or communities.
- Health care workers (all health care system workers involved with the pandemic response or delivery of essential health services).
- Household contacts and care providers of infants <6 months of age and persons who are immunocompromised.
- Populations otherwise identified as high-risk

Group 2. Others who will benefit from immunization:

- Children 5 to 18 (inclusive) years of age
- First Responders (police, firefighters)
- Poultry and Swine Workers
- Adults 19 to 64 (inclusive) years of age
- Adults 65 years of age and over

Pandemic Influenza A H1N1-2009 Vaccine Inventory

No. of doses of Arepanrix® on Premises:	No. of doses required for Group 1	No. of doses required for Group 2
No. of doses of Influenza A(H1N1) 2009 Monovalent vaccine (without adjuvant) ® on Premises:	No. of doses required for Group 1	

Details on Pandemic Influenza A H1N1-2009 Community Clinic (if applicable)

Clinic No.	Estimated Date (yyyy/mm/dd)	Full Address of Clinic Location (include Postal Code)	Estimated No. of Doses required
1			
2			
3			

Individual Ordering Vaccine

Last name, First name (please print)	Signature	Date (yyyy/mm/dd)
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