

Fax to 1800 041 528

Enquiries regarding orders/dispatch: **1300 656 132**

PROVIDER DETAILS

Date:		Vaccine Account Number
Practice/ Facility Name:		
Name of Person Ordering:		
Delivery Address:		Opening Hours (for delivery):
Phone Number:	Fax Number:	

COLD CHAIN DECLARATION – Please complete to ensure your order is processed

Is the vaccine fridge monitored with a Min/Max thermometer? Y N
 How often is the temperature recorded? _____

Has the vaccine fridge temperature been between +2 to +8°C since the last vaccine order? Y N
 (Excludes excursions up to +12°C for less than 15 minutes when opening fridge)

In order to receive free Australian Government vaccines, I agree that this facility will comply with cold chain recommendations in the *National vaccine storage guidelines: Strive for 5.*

Name (print): _____ Signature: _____

VACCINE ORDER FOR ONE MONTH

VACCINE	ELIGIBILITY	Doses in Fridge	Doses to be Supplied
Hepatitis B (paediatric) (up to 19 years of age)			
Hepatitis B (adult) (20 years and over)			
Influenza	All people aged 65 and over Aboriginal people aged 15 & over All people 6 months to 64 years with medical risk factors # Pregnant women		
Pneumovax 23	Aboriginal people aged 50 & over Aboriginal people 15 – 49 years with medical risk factors * All people aged 65 and over		

see the *Australian Immunisation Handbook*, p.190-191

* see the *Australian Immunisation Handbook*, p.246