

	Health	AGED CARE FACILITY INFLUENZA and PNEUMOVAX VACCINE ORDER FORM
--	---------------	--

Fax to 1800 041 528

Enquiries regarding orders/dispatch: 1300 656 132

PROVIDER DETAILS

Date:	Vaccine Account <u>Number</u>
Name of Facility/Organisation:	
Delivery Address:	Opening Hours (for delivery):
Phone:	Fax:

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

1. Is the vaccine fridge monitored with a Min/Max thermometer? Yes No
2. Has the current, minimum and maximum temperature been recorded twice daily? Yes No
3. Has the vaccine fridge temperature been between +2 to +8°C since the last vaccine order? Yes No
(Excludes excursions up to +12 °C for less than 15 minutes when opening fridge)
4. I declare that I will Yes No
 - comply with the cold chain recommendations in the *National vaccine storage guidelines: Strive for 5*, and
 - adhere to the vaccine eligibility indicated on this order form and the NSW Immunisation Schedule, and

Name of person authorised* to order vaccine (please print clearly):

*Authorised persons are: the Manager or Care Manager or Director of Nursing or Nursing Unit Manager or Operations Manager or any person assigned with the role of managing a Residential Facility

VACCINE	Eligibility	Doses required
Influenza	<i>All individuals aged 65 years and older</i>	
	<i>Individuals 5 years and older who are Aboriginal or have medical risk factors</i>	
Pneumovax	<i>All people aged 65 years and older Aboriginal people aged 50 years and older</i>	